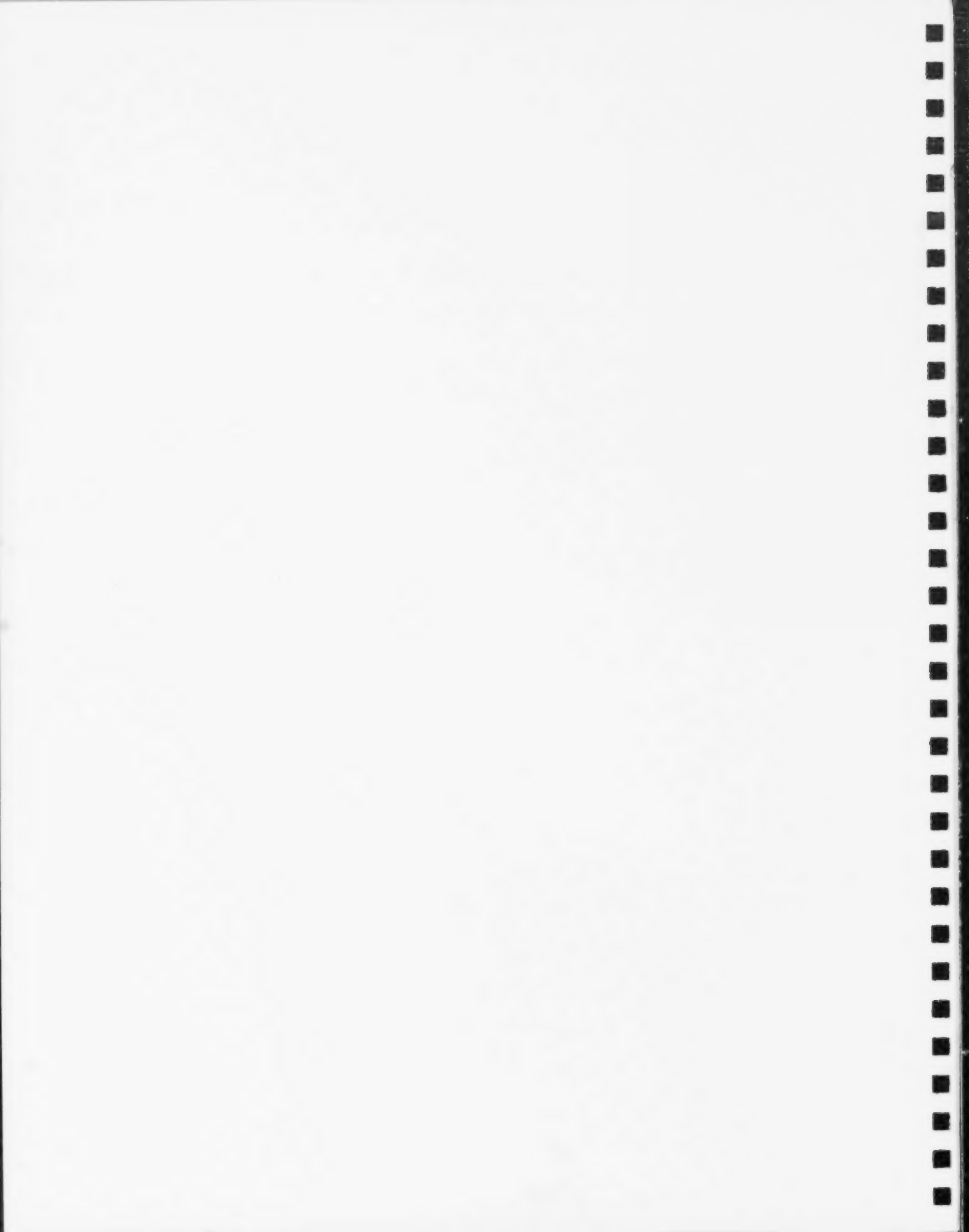


Prevention makes a difference:
A qualitative study of
AADAC prevention initiatives

Technical report



Prevention makes a difference: A qualitative study of AADAC prevention initiatives

Technical report

Alberta Alcohol and Drug Abuse Commission (AADAC)

Prepared by Z'Anne Harvey-Jansen, Margo Schmitt-Boshnick,
Donna Chovanec, and Colette Fluet-Howrish, AADAC Research Services

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Executive Summary

AADAC defines prevention as “planned actions taken to stop the development of addictive behaviours and promote health-enhancing behaviours” (Alberta Alcohol and Drug Abuse Commission [AADAC], 1996, p.8).

In the fall of 2002, AADAC's Prevention Committee launched a qualitative study called *The Prevention Story* with the purpose of exploring the following questions:

- What differences, if any, have AADAC prevention initiatives made for individuals and families?
- How did AADAC prevention initiatives contribute to these differences?

Answering these questions through the stories of AADAC participant prevention clients (participants)¹ and associate prevention clients (associates)² would help us to better understand and improve our prevention work. Through this study, we also sought to discover whether it was feasible to measure the impact of prevention.

Open-ended, in-person interviews with 24 prevention participants and associates from eight prevention initiatives³ were conducted between December 2002 and May 2003. Group discussions with approximately 150 staff members (including management and non-management) took place between October 2003 and March 2004, to gather feedback on the findings. Staff members were speaking for themselves, from their own experiences of working at AADAC. Transcriptions of the interviews and staff meetings were analyzed to identify major themes. A summary of the history of AADAC prevention was also completed as an important context to the findings.

Prevention is making a positive difference

Participants spoke of forming new, healthy relationships with program leaders and other participants. They also said that family relationships improved as a result of the prevention programs, as one youth described:

Spending time together [with my family] meant that we started communicating a little more. [It used to be] my mom would be just doing her normal thing, I'd be in my room, or hanging with my friends most of the time, [my brother] would be doing just boring things and my

¹ Participant prevention clients (participants) are current or past participants in one of the prevention initiatives.

² Associate prevention clients (associates) are non-AADAC staff working in association with AADAC staff on a particular prevention initiative. An example is a teacher who is the leader of a peer support program that AADAC helped to plan as part of an interagency team.

³ Aboriginal Healing Centre—Addiction Program, Expecting Respect, Families and Schools Together, Fetal Alcohol Spectrum Disorder Outreach Project, Project Participation, School Strategy, Tobacco Reduction Initiative, and True to Myself.

dad would always be at work. But...[the program] brought us a little closer together and we do more things together now. And we can just express ourselves to each other now; we just don't hide it anymore.

For many participants, involvement in the prevention program increased self-esteem and confidence, which gave them the courage to try new activities. The positive impact on participants rippled out to family members, as described by one parent:

With [my daughter] being so positive at home, and being the older one, it passes on to [my son]. He learns, be more sure of yourself and then you're a lot happier...So, definitely, I think it's benefited him too, even though he hasn't taken the course.

Many participants said they learned to make healthier choices about substance use and gambling as a result of the information they learned about substance use in the program, and the sense of responsibility they developed in the program.

[The time spent in the prevention initiative] were profound moments in my life because I could have very easily—too easily—just been another guy getting high. It [drugs] was everywhere. I didn't even have to go out and buy it or look for it, it was right there.

How prevention makes a difference

Many participants spoke about the key role program leaders played in their prevention experience. Good leaders motivated participants with their enthusiasm, communicated openly and honestly, provided support, acted as role models, and created environments of trust and respect in which participants felt safe to share their thoughts and ask their questions.

Participants described meaningful prevention activities as those that improved family relationships, fostered connections between participants, helped participants identify support networks, nurtured participant-leader connections, encouraged self-exploration and goal setting, provided new experiences (particularly leadership opportunities), recognized participants' achievements in the program, and provided opportunities for continued involvement.

Participants also spoke of the importance of community support to prevention programs. The involvement of youth and adult community members, regional health authorities, educational organizations, and industry provide a broader base of support for programs, according to interviewees, and were fundamental to the success of the programs.

Conclusion

This study identified outcomes of prevention work, demonstrating that prevention outcomes are measurable, and shed light on what makes prevention effective. These findings will be valuable as future prevention strategies are planned, implemented and evaluated by AADAC managers and staff.

I. Introduction

Preventing the development of and reducing the harms associated with alcohol, other drugs and gambling problems is an important role for the Alberta Alcohol and Drug Abuse Commission (AADAC), and it is a responsibility that is shared by AADAC staff and the people of Alberta. This research report tells the stories of Albertans involved with alcohol, drug, tobacco and gambling prevention initiatives to answer the question, "Is AADAC prevention making a difference in people's lives?" Included are the stories of participants in the prevention initiatives and associates who planned or delivered the prevention initiatives with AADAC or on behalf of AADAC.

What is prevention?

AADAC defines prevention as "planned actions taken to stop the development of addictive behaviours and promote health-enhancing behaviours" (Alberta Alcohol and Drug Abuse Commission (AADAC), 1996, p. 8). AADAC's comprehensive approach to prevention integrates concepts of health promotion and community development to engage and empower individuals and communities. Health promotion is defined as "the process of enabling people to increase control over, and to improve, their health" (World Health Organization Regional Office for Europe, 1986). Community development is "collaborative, collective action taken by local people to enhance the long-term social, economic, and environmental conditions of their community," with a primary goal of "creat[ing] a better overall quality of life for everyone in the community" (Mello, 1998).

Background to the research

Both prevention practitioners and researchers have questioned whether it is possible to measure the impact of prevention, partly because prevention is often considered the absence of something in the future, such as the absence of an alcohol, other drug, gambling or tobacco problem in years to come. In Canada, "outcome evaluations are almost completely non-existent" for prevention programs (Roberts et al., 2001).

In the last eight years, AADAC has been exploring the question of how the Commission might measure outcomes of prevention (Wiebe, 1996; AADAC, 2001). During the development of AADAC's current *AADAC core businesses: Information, prevention, treatment* document (AADAC, 2002d), a program model for the three core businesses of Prevention, Treatment, and Information was developed. Outcomes for prevention were identified in the process, but the task was challenging.

In September 2002, AADAC's Prevention Committee recommended further exploration of prevention effectiveness and initiated this study. This study contributes to the need for prevention-related outcome evaluations.

Purpose of the research

In the fall of 2002, AADAC's Prevention Committee launched this qualitative study called *The Prevention Story* with the purpose of exploring the following questions:

- What differences, if any, have AADAC prevention initiatives made for individuals and families?
- How did AADAC prevention initiatives contribute to these differences for individuals and families?

Answering these questions through the stories of AADAC prevention participants and associates would help us to better understand and improve our prevention work. Through this study, we also sought to discover whether it was feasible to measure the impact of prevention.

Overview of the report

The report begins with a brief history of prevention in AADAC, followed by the section on method. The findings from participants, associates and staff are divided into two parts:

- the positive difference prevention made
- how the difference was made

The report concludes with a summary and discussion of key findings.

Definition of terms

The following terms are used in the report:

Associate prevention client (associate)—a person who was not an AADAC staff member but was working in association with AADAC staff on a particular prevention initiative and was involved in planning or leading the prevention initiative (an example is a teacher who was a leader of a peer support program that AADAC staff, as part of an interagency team, helped to plan)

Participant prevention client (participant)—a person who was a current or past participant in one of the prevention initiatives

Peer leader—a person similar to the participants in age or stage who was a volunteer leader under the supervision of an AADAC staff member or associate (in all but one of the prevention initiatives, the peer leaders had been former participants)

Program leader—an AADAC staff member or an associate who was the leader of a particular prevention initiative

Respondent/Interviewee—a more general term that refers to a participant, a peer leader, or an associate who was interviewed in this study

II. History of prevention in AADAC

Understanding prevention in AADAC from a historical perspective is relevant to this research for three reasons. First, this research includes prevention initiatives from the 1980s to the present. Second, some associates, participants and AADAC staff referred to past AADAC prevention initiatives during research interviews. Third, the relative priority of prevention and prevention initiatives within AADAC has changed over time, and understanding this context is helpful in the discussion of the results and implications of this research.



1950s to 1960s: Prevention of alcoholism

When AADAC's predecessor, the Alcoholism Foundation of Alberta, was established in September of 1951, its sole prevention goal was to prevent alcohol problems. Informing and preventing were emphasized in the Foundation's first official seal and coat of arms. The first official seal reads "Awareness, Knowledge, Understanding," and the coat of arms includes those three words with the addition of "Prevention." One of the articles of incorporation stated the Foundation would "educate the public and particularly younger persons as to the consequences and means of prevention of alcoholism" (AADAC, 1991, p. 10).

By the start of the 1960s the Alcoholism Foundation of Alberta had grown to include 40 staff. According to George Strachan, 1960 "was the year that we began to discuss 'PREVENTION' in a much more positive way" (AADAC, 1991, p. 34), though there were still doubters of the prevention approach since some thought it was impossible to prevent alcoholism.

On April 1, 1965, the Foundation was absorbed into the provincial government when it became the Division of Alcoholism under the Department of Health. Prevention and information services entered the school system during this decade with "alcoholism education" for Grade 10 students in Edmonton. During this time public pressure mounted for information on use and abuse of drugs, especially marijuana and LSD (AADAC, 1991, p. 45).

1970s: An expanded mandate of drug abuse

On April 15, 1970, the government of Alberta approved the Alcoholism and Drug Abuse Act, which created the *Alberta Alcoholism and Drug Abuse Commission*.⁴ With this Act came the clear delineation of drug abuse prevention as part of AADAC's responsibility along with the continuation of alcohol prevention. In response to the new act, the acting director identified prevention as AADAC's top priority and called for

⁴ "Alcoholism" was shortened to "Alcohol" in 1985.

A vast extension of preventive measures into every segment of the population through the use of all educational means available, the recruitment of increased numbers of agencies and individuals in the educative process at the community level and involvement of large numbers of “community influentials” in the process of attitude change and early intervention. (AADAC, 1991, p. 56)

Prevention was considered a potential long-term strategy for reducing treatment demands at this time:

The advancements made in provision of rehabilitative services for drug dependent persons have been great, but problems still exist. Given the increasing use of addictive substances, it is becoming apparent that it is not feasible to merely maintain and expand treatment capacity when a more appropriate long-term approach is to work on preventative strategy as well, in an effort to stabilize and possibly reduce the demand for treatment. (Alberta Alcoholism and Drug Abuse Commission [AADAC], 1977, p. 6)

With the establishment of the Commission, addiction services were offered more widely across the province, whether by AADAC staff or by agencies funded by AADAC. Community Extension Services was the administrative section of AADAC that provided information and prevention services in the 1970s. During this decade, AADAC ran Summer Schools on Alcohol and Drug Problems where staff and allied professionals listened to international speakers and attended topical sessions, including some on prevention. As well, impaired driving programs were a new part of AADAC’s prevention work during this decade.⁵ Presentations were made to junior and senior high schools upon request and a series of teaching modules were written for schools (Alberta Alcoholism and Drug Abuse Commission [AADAC], 1977; Alberta Alcoholism and Drug Abuse Commission [AADAC], 1978; Alberta Alcoholism and Drug Abuse Commission [AADAC], 1980). Prevention activities also included retreats and educational theatre.

In the 1986-1987 fiscal year, a total of 1,919 prevention projects and 4,526 prevention sessions were completed across Alberta. The target groups for prevention sessions included

- Schools (44%)
- Community (24%)
- Occupational/ Professional (11%)
- Social Services (10%)
- Health Systems (4%)
- Media (4%)
- Legal System (3%)

Source: AADAC (1987)

1980s: Province-wide prevention through the Adolescent Prevention Program

The Adolescent Prevention Program was the province-wide focus for AADAC prevention in the 1980s. Under this program, AADAC focused on 12- to 17-year-old youth and their parents to delay the onset and decrease the frequency of use of alcohol, tobacco and other drugs; insulate drinkers from harmful consequences of drinking; and develop health-enhancing alternatives to alcohol and drugs (Thompson & Huebert, 1990).

The Adolescent Prevention Program included a mass media campaign, face-to-face program elements, school-based efforts, informational materials,

⁵ In the 1990s, impaired driving moved outside of AADAC’s mandate.

and research and evaluations (AADAC, 1992). From 1981 to 1986, prevention activities focused on television and radio commercials with taglines like “Make the most of a good thing, make the most of you” and “Just because your kids have started challenging you, doesn’t mean they’ve stopped loving or needing you.” In partnership with Health Canada, AADAC also used some of their material, such as “The Hole in the Fence” (Health and Welfare Canada, 1983), which was a 132-page Canadian children’s storybook for use in schools and at home (including a family guide).

Operating with a reduced budget from 1986 to 1989, AADAC’s prevention strategies focused less on mass media communication and more on community and school resources and programs. The main themes were responsible independence, peer support, role modelling, and positive interaction (Thompson & Huebert, 1990, p. 5). Province-wide prevention included a youth magazine called *Zoot Capri*, a packaged community program called *Lifelines*, and participatory educational theatre such as *Zeke and the Indoor Plants*.

1990s: Focus on risk and protective factors, resiliency and transition periods

In the 1994-1995 fiscal year, there were a total of 7,133 prevention sessions completed across Alberta. The target groups for prevention sessions included

- Community (63%)
- Schools (22%)
- Workplace (4%)
- Media (4%)
- Social Service (3%)
- Health Systems (3%)
- Legal System (1%)

Source: AADAC (1995)

At the beginning of the 1990s, AADAC assessed the implementation of The Adolescent Prevention Program. AADAC research staff helped management answer three questions (Brown, 1990, pp. 4-7). The first question was whether staff understood the model. Among AADAC staff there was almost consensus that “the original media was highly successful both in terms of profile and relevance” (AADAC, 1992, p. 6). They used the theme “ ‘Make the most of a good thing; make the most of you’ at the community level without difficulty...[because of]...its simplicity, clear connection to alcohol and drugs and its salience to where kids were at” (AADAC, 1992, p. 6).

The second question was whether staff used the model to guide their prevention delivery. The discussion paper suggested that “a clear link has not been made between the theoretical components of the model and the practical activities, goals and objectives of the program” (Brown, 1990, p. 4). Field staff found it difficult at first to get community prevention projects started, but they did not seem to miss having documentation about the prevention model and its assumptions. Province-wide prevention planners and evaluators raised the issue of making prevention activities more consistent and integrated across AADAC’s service areas, but field staff placed a high value on community relevance. They felt that it was important that requirements for consistency would not inhibit their ability to design prevention programs that met the unique needs of each community.

The third question was whether the community projects component of the model was sufficiently emphasized, and the conclusion was that community projects could be emphasized more.

Risk factors are life events or experiences that are statistically associated with an increase in problematic behaviours such as alcohol and other drug use, and problem gambling (Hawkins, Catalano, & Miller, 1992). Risk factors for substance abuse include individual psychological and biological traits, and factors relating to an individual's family, peers, school, and community.

Protective factors are life events or experiences that moderate the effect of exposure to risk factors. The result is the reduced incidence of the problem behaviours, such as substance use, and increased positive development (Garnezy, 1985 and Rutter, 1979 as cited in Pollard, Hawkins, & Arthur, 1999). (See also George, Dyer, & Levin, 2003.)

Resiliency refers to "a balancing of protective factors against risk factors, and the gradual accumulation of emotional strength as children respond successfully to challenges in their families, schools, and communities" (AADAC, 1999, p. 2).

Transitional periods are "crucial times in a person's development," often "periods of uncertainty and stress," which "can bring both increased risk of problems... [and] the opportunity for fostering strength and resiliency" (AADAC, 1996, p. 7).

Given that the mass media messages are being seen, attended to and understood, there remains (sic) several steps before behaviour change is accomplished and maintained. Flay, (1981) suggests that the reason so many mass media health promotion programs have failed to change behaviour is that they have failed to focus attention on providing a supportive environment where knowledge and intentions can be translated into trial behaviour. This trial behaviour, followed by positive reinforcements, can then lead to skill development and sustained behaviour change. It appears then that these additional steps can most effectively be accomplished through community programming (Brown, 1990, pp. 7-8).

In conclusion, the following recommendations were made:

1. that the model be reviewed and potentially revised;
2. that more measurable objectives be developed for various components of AADAC's *Adolescent Prevention Program*;
3. that a representative sample of community projects be evaluated for their impact on youth;
4. that a benchmark level of use among Albertans be used for comparison; and
5. that a "base document" on prevention programs be written and distributed for use by all staff as a reference document for community-based prevention programming (Brown, 1990, pp. 12-13).

Field staff wanted to maintain the strong focus on youth as the target for prevention but they also suggested attention be paid to youth at risk of developing problems; adults, peers, families and key influencers; youth in a broader range of cultural and socio-economic situations; pre-adolescents and their parents; and young adults with high use (AADAC, 1992, p. 7).

At a crossroads following the evaluation of the Adolescent Prevention Program, and in response to reduced funding and changing "lifestyles, demographics, workworlds, social institutions, government, [and] technology" (AADAC, 1996, p. 1), AADAC adopted a new prevention model called "Prevention in AADAC: A Vision for Success" (AADAC, 1996). This new vision had a conceptual focus on risk and protective factors, resiliency, and transitional periods (AADAC, 1996). Part of AADAC's work on resiliency was the "You'll Never Know the Difference You Make" multimedia campaign and locally planned community projects aimed at adults "as sources of caring support" for youth and young adults (AADAC, 1999, p. 4).

Around the same time, the Commission began to talk about the harm reduction model, which has as its first priority to "reduce the negative consequences of drug use" (AADAC, 1994, p. 1). In 1995, AADAC started a harm reduction campaign called "If you drink, don't bowl™," which

responded to the challenge of over-drinking among young adults. Its goal was “to reduce the harmful consequences of excessive drinking among first-year post-secondary students” (Association of Canadian Distillers & AADAC, 1995, p. 2).

Also in this decade, gambling prevention and treatment services were added to AADAC’s mandate (1994), and the population health model started to influence AADAC’s prevention discussions and models (AADAC, 1997).

2000 to the present: More depth and diversity

Prevention in AADAC has grown in depth and diversity since 2000. Prevention services continue to be provided to people in many locations across Alberta.

In 2001-2002, AADAC staff started to use the new computerized client information system, AADAC System for Information and Service tracking (ASIST). Both treatment and prevention services are recorded in the networked computer system.⁶ Prior to ASIST, there was no comprehensive, consistent tracking of AADAC’s prevention work province-wide. The development of ASIST included defining AADAC’s prevention business, writing prevention terms and definitions, and determining what work needed to be tracked for both corporate and operational purposes. The implementation of ASIST was a major step in tracking prevention work across the Commission.

In the 2002-2003 fiscal year, there were 1,647 short-term and project-based prevention files involving 1,633 associate prevention clients⁷ and 61,778 participant prevention clients.^{8,9}

The most common target groups for prevention during the 2002-2003 fiscal year were

- students in kindergarten to Grade 12 (58%)
- general public (18%)
- parents/guardians (16%)
- allied professionals in education (16%)
- allied professionals in health (10%)¹⁰

Source: AADAC (2003c)

With AADAC’s new role in tobacco reduction in 2002 came a greater range of prevention activities. AADAC provides leadership and coordination for the Alberta Tobacco Reduction Strategy (ATRS), an initiative of Alberta Health and Wellness. The ATRS is a comprehensive, evidence-based 10-year strategy to reduce and prevent tobacco use. The Strategy includes a focus on increasing taxes on cigarettes (to reduce access), and creating legislation that prevents youth possession and access and provides for the creation of tobacco-free spaces. The Strategy also uses social marketing strategies (including mass media) to counteract the acceptance of tobacco use.

It provides cessation support through a Smoker’s Help Line; and runs or funds several youth prevention programs in schools and in the community. These activities are undertaken in large partnership arrangements with regional health authorities, municipalities, and government and non-government organizations.

⁶ AADAC had identified the three core businesses of Treatment, Prevention, and Information prior to the development of ASIST; however, the Information business had not yet been defined. Where possible, information services are tracked under prevention in the current system. Funded agencies of AADAC were not networked into ASIST as they are autonomous organizations.

⁷ The same person involved in more than one prevention file during the time period chosen is counted once as an associate. Some prevention files only have AADAC staff involved and no associates.

⁸ For short-term and project-based service types, the total prevention client attendance is the sum of the number of people who attend each prevention activity.

⁹ Information-only files are not included.

¹⁰ Percentage is determined by dividing the number of short-term and project-based prevention files with each End Target Type by the total number of short-term and project-based prevention files (this time period = 1647). Percentages may total more than 100% as multiple responses are possible.

AADAC has carried out more research on prevention since 2000 than in the preceding decade; in the nineties, research focused primarily on treatment. The *Alberta Youth Experience Survey 2002* established “a benchmark of current substance use and gambling activity among Alberta youth,” and “focus[ed] attention on what, if anything, could be done to prevent certain problems or trends from developing, or to intervene when they appeared” (AADAC, 2003b, p. 5). The study found the most important factors for protecting Alberta youth from alcohol, drug and gambling issues were “parental monitoring, good social skills, availability of and participation in pro-social activities, and good school marks” (AADAC, 2003b, p. 3).

As well, in 2003, AADAC did a public opinion survey to measure Albertans’ level of awareness of AADAC and its services. Most of the respondents (84%) knew without being prompted that AADAC provided treatment services; however, only 10% knew without being prompted that AADAC provided prevention services (AADAC, 2003a, p. 1).

Since 2000, AADAC replaced previous vision and direction documents with three key documents to guide prevention work: *AADAC core businesses: Information, prevention, treatment* (AADAC, 2002d), the *AADAC Youth Framework: From commitment to action* (AADAC, 2002b), and the *AADAC School Strategy: Get into it!* (AADAC, 2002a).

AADAC core businesses: Information, prevention, treatment

The *AADAC core businesses: Information, prevention, treatment* document clarifies the three core business areas of Information, Prevention, and Treatment after the goal of “Informing Albertans”—previously included under the banner of prevention—was separated as its own core business. Although the reason for separating information from prevention was to ensure accurate and reliable information services, it also provided an opportunity to reflect on whether AADAC’s prevention work really met the goal of preventing and not just informing. The three core businesses are illustrated in the Core Business Model (see Figure 1), with prevention conceptualized as universal, targeted and indicated.

Figure 1: AADAC Core Business Model



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Figure 1: AADAC Core Business Model



Universal prevention “targets a broad or universal population with the aim of promoting the health of the population or delaying the onset of substance use or gambling,” with a focus on “building skills and protective factors” (AADAC, 2002d, pp. 3-4).

Targeted prevention is “directed towards people who have risk factors related to the development of alcohol, other drug and gambling problems but who are not currently having problems,” with the intent to “decrease potential problems by reducing the influence of their risk factors and enhancing their protective factors” (AADAC, 2002d, p. 4).

Indicated prevention targets people “already experiencing a problem who may not be ready or able to engage in a formal treatment experience. The intent is to reduce the harms associated with alcohol and other drug abuse, and problem gambling” (AADAC, 2002d, p. 4).

The *AADAC core businesses: Information, prevention, treatment* document states that AADAC’s current goal for prevention services is “to prevent the development and reduce the harms associated with alcohol, other drug and gambling problems” (AADAC, 2002d, p. 11). The document also states that AADAC values

- prevention efforts that focus on people rather than on substances
- the involvement of all Albertans in preventing alcohol, other drug and gambling problems
- intervening early in the development of substance abuse and gambling problems and tapping into the powerful role of key influencers
- the meaningful participation of target groups and embracing a community-based, collaborative approach that encourages grassroots ownership
- the importance of sound program planning and good research (AADAC, 2002d, p. 11)

The *AADAC core businesses: Information, prevention, treatment* document shows a continued focus in prevention on increasing protective factors and decreasing risk factors (AADAC, 2002d). This document also lists best practices in prevention as identified in the literature as a base of comparison for AADAC’s prevention practices (see Appendix A for list of best practices in prevention).

AADAC’s Youth Framework

The Youth Framework describes AADAC’s guiding principles for working with youth in prevention, treatment and information services, and outlines the programs and services for youth under the Framework. Since youth are the primary target group for prevention services, this new framework is a key document for creating consistent understanding among AADAC staff.

AADAC’s School Strategy

AADAC’s School Strategy coordinates AADAC’s work in schools for four addictions areas—alcohol, tobacco, other drugs, and gambling—and the three core businesses of Prevention, Information and Treatment. This new strategy takes into account known best practices that suggest greater duration, more youth involvement and reinforcement over several grade levels improve the effectiveness of school prevention programs (AADAC, 2002a). The Strategy is designed “to provide Alberta teachers and students with curriculum aligned resources that focus on building healthy addiction-free futures for students” (AADAC, 2002a, p. 7).

This brief history of prevention in AADAC shows that prevention has evolved in the Commission over time, and provides a context for the remainder of the report.

III. Method

The purpose of this research was to identify

- what difference prevention initiatives made to the lives of individuals and families
- how the initiatives contributed to this difference

In order to understand participants' experiences, a qualitative research approach was used, involving face-to-face interviews with participants and associates and an inductive process of data analysis. Relevant program information and documentation was also reviewed.

Associate prevention

client (associate)—a person, who was not an AADAC staff member but was working in association with AADAC staff on a particular prevention initiative and was involved in planning or leading the prevention initiative (an example is a teacher who was a leader of a peer support program that AADAC staff, as part of an interagency team, helped to plan)

Participant prevention

client (participant)—a person who was a current or past participant in one of the prevention initiatives

This study is based on grounded theory (Strauss & Corbin, 1990), an inductive, exploratory process that allows theory to emerge from the data. As such, the researchers¹¹ started the study by “bracketing,” or suspending any preconceived notions they had of what differences, if any, the program made in the lives of participants and their families. This allowed for an open perspective on the findings. The participants' descriptions of their experiences were organized into categories from which overall themes across the interviews were identified. By this process, themes were “grounded” in the everyday experiences, words and stories of participants.

Participant and associate prevention client interviews

This study involved open-ended, in-person interviews with participant prevention clients (participants) and associate prevention clients (associates) from eight prevention initiatives. Open-ended questioning provided interviewees with the opportunity to tell their stories in their own words, in their own time, with minimal direction from the interviewer.

Choosing the sample of prevention initiatives

Program initiatives were identified through suggestions from Prevention Committee members, District Managers, Funded Services staff, and through searching AADAC's client information system (ASIST).

Prevention initiatives were purposely selected to ensure diversity in the following areas:

- gender, age and/or cultural identity of the participants
- type of prevention (universal, targeted, or indicated prevention)
- program content (specifically health, alcohol, drug, or gambling)
- activities (presentation or experiential learning)
- delivery and funding arrangement (AADAC direct services, funded agencies, community grants)

¹¹ See Appendix C for a list of the researchers involved in this study.

- geographical location in Alberta
- time period in which the initiatives were delivered

Eight prevention initiatives were included in this study.¹² These are described below and in Table 1. Eight other initiatives were also identified as possibilities for inclusion, but for a variety of reasons (e.g., unable to find participants who would like to be interviewed, program was not far enough along to determine impacts) they were not included in the final sample.

Aboriginal Healing Centre—Addiction Program

The Aboriginal Healing Centre—Addiction Program was established to meet the need expressed by local addiction counsellors for more comprehensive information on addictions within the community, particularly in the area of problem gambling. A part-time addictions worker was hired to develop a resource library containing information on addictions, and to conduct community workshops on alcohol, drug and gambling addictions. This worker also provided community consultation and promoted awareness of gambling issues by making door-to-door visits in the community.

Expecting Respect



Expecting Respect is a peer education program that trains students to deliver topical information to their peers in creative ways. Advisory committee members (including AADAC staff) provide eight days of training to junior and senior high school students on topics such as conflict resolution, sexuality and date rape, with drug and alcohol information woven throughout. Along with the subject information, the students are also taught how to pass on what they have learned. They then return to their schools and disseminate the information to their peers. This can happen in various ways, such as holding a career fair and making a presentation in a Career and Life Management (CALM) class.

Families and Schools Together (F&ST)



Families and Schools Together (F&ST) is a collaborative prevention program that was developed in 1988 in the United States and has been adopted internationally. In Calgary, F&ST is administered by Catholic Family Service. It was established to serve "teacher-identified, at-risk kindergarten to Grade 4 elementary school youth and their families, however universal recruitment is now the recommended strategy" (Families and Schools Together: Program Description, n.d.).

¹² The sample did not include initiatives that only employed information dissemination activities as these were considered information initiatives for the purposes of this study.

Families are brought together to participate in activities aimed at strengthening families, reducing risk factors for children, providing parents with the skills and knowledge to be the first line of prevention for their children, and improving the relationship between the school and the home. F&ST is facilitated by parents, trained professionals and school personnel.

Fetal Alcohol Spectrum Disorder Outreach Project

The Fetal Alcohol Spectrum Disorder (FASD) Outreach Project started in response to a need for outreach services and support expressed by individuals affected by FASD and their families, as well as various community organizations in the area. Services provided to the individual client include the teaching and supervision of basic life skills, advocating for individuals when working with professionals such as doctors, employers and probation officers, and referring clients to appropriate resources in the community. The project also provides support to parents, families and caregivers of persons affected by FASD.

Project Participation

Project Participation is an “action-based, participatory program involving teens in the experience of learning through exposure to high-quality, skill-based activities within their own community” (Coward, 1987, p. 2). Docu-dramas, outdoor adventures, and clubs such as archery, automotives and yoga, are examples of activities. Proposals for these activities are submitted by youth to a steering committee made up of youth and adults. The program aims to broaden participants’ skills and abilities and encourage development of personal competence.

School Strategy

AADAC’s School Strategy (AADAC, 2002a) is a model for how AADAC works with others to provide more effective prevention and early intervention school-based programs across Alberta. A major focus of School Strategy is to develop new prevention programs for grades 4, 7, 9 and 11—all significant transition periods for youth. The School Strategy is closely linked to curriculum requirements for students. AADAC’s School Strategy supports the involvement of adults as role models and mentors in the lives of children and youth.

Tobacco Reduction Initiative

The Tobacco Reduction Initiative is an interagency initiative that was formed to address tobacco reduction issues. It complements other services in the community by utilizing the knowledge and skills of individuals from a wide variety of community agencies.

The initiative works on cessation projects, public policies, public education, awareness and prevention. Activities include producing Stop Smoking Survival Kits, celebrating World No Tobacco Day, advocating for changes to local smoking by-laws, and providing educational displays, seminars, plays and guest panels to a local school.

True to Myself



Girls in grades 7 and 8 are considered to be at a key transition point in their lives. True to Myself is a program that aims to assist them in developing a healthy sense of self. The program provides a participatory learning environment over a two-year cycle. The first year includes activities such as a retreat, resiliency activities, goal-setting and keeping a journal. Topics covered in the second year include self-care, personal safety, coping skills and assertiveness. The program involves girls in grades 11 and 12 as teen coaches and peer facilitators/role models.

Table 1: Prevention initiative descriptions

Name of prevention initiative	Target group	Type of prevention	Program content	Activities	Delivery and funding arrangement*	Time period	Location
Aboriginal Healing Centre—Addiction Program	Adults, Aboriginal community	Universal	Gambling	Door-to-door survey about gambling, compilation of library resources	Funded	2001-2002	Two initiatives were urban, six were rural. The initiatives were located in north, central and southern Alberta.**
Expecting Respect	Junior high students	Universal, targeted	Peer education	Students teaching other students about healthy relationships, substance use and gambling, media, bullying	Grant	Present	
Family and Schools Together	Children in kindergarten to Grade 4 and their families	Universal, targeted, indicated	Family resiliency	Building family communication and community connections	AADAC provides staff time, space and resources	Present	
Fetal Alcohol Spectrum Disorder Project	FAS- and FASD-affected individuals and their families	Targeted, indicated	Outreach support and resiliency	Teaching and supervision of basic life skills, advocacy, referral and family support	Grant	Present	
Project Participation	Teen	Universal, targeted	Resiliency	Leadership, peer support, community activities	AADAC	1980s, 1990s	
School Strategy	Junior and senior high students	Universal	Substance use and gambling	Presentations, informal relationship-building	AADAC	Present	
Tobacco Reduction Initiative	Adults, teens, children	Universal, targeted, indicated	Tobacco	Smoking survival kits, Cold Turkey Day, presentations, information	AADAC is part of coalition and provides staff time, space and resources	Present	
True to Myself	Teen girls	Universal, targeted	Resiliency	2-year program with various activities	Funded	Present	

* "AADAC" means the initiative was offered by AADAC.

"Grant" means AADAC provided a grant to an external group to run the initiative.

"Funded" means the initiative was offered by an agency funded by AADAC.

** To ensure participant confidentiality, specific locations of each initiative are not stated.

Choosing the sample of prevention clients

Purposive sampling was used to identify participants for this study. In purposive sampling, researchers strategically and purposely select “information-rich cases” from which they can learn the most (Patton, 2002, pp. 243, 233). AADAC staff or associates from the prevention initiatives provided names of individuals they felt could provide the richest stories about their involvement and the impact it had on them. AADAC staff and associates contacted participants to introduce this study to them, invite them to participate, and gain consent to provide their contact information with the researchers.

The researchers interviewed individuals from 12 participant families (see Table 2). In five of these families only one member was interviewed, while in seven, the researchers spoke to two or more family members. For three prevention initiatives, only associates were interviewed because program participants were not available. One of these associates had family members who were in the program. One additional associate was interviewed to give context to an initiative. Four individuals had served as peer leaders in their respective programs. Twenty-four people were interviewed in total (18 female, six male). Three participants were children under the age of 12, three were youth ages 13 to 18, and the remaining 19 were adults with a range of ages from 18 to 50 years. The adults interviewed were parents of youth involved in prevention programs, former teen participants, parent participants, and associates.

Table 2: Sample of prevention clients

Name of initiative	Number of participant clients interviewed	Number of associate clients interviewed	Number of families interviewed
Aboriginal Healing Centre—Addiction Program	0	1	0
Expecting Respect	0	1*	1
Families and Schools Together	6	1	3
Fetal Alcohol Syndrome Project	4	0	2
Project Participation	2	0	2
School Strategy	0	1	0
Tobacco Reduction Initiative	2	0	1
True to Myself	6	0	3
TOTAL	20	4	12

* Although this associate was not a participant herself, her children were in the program, and thus she is counted as a family

Interviewing the prevention clients

Open-ended interviews with participants and associates took place from December of 2002 to May of 2003. Interviews focused on two questions: “What difference had AADAC prevention made to participants?” and “How did it make that difference?” Participants also gave suggestions for how AADAC’s prevention efforts could be improved. (See Appendix B for the interview questions the researcher used as a guide if there was a need for some structure to the open-ended conversation.)

Researchers interviewed the majority of prevention clients in person. Interviews took place in clients’ homes, at their work sites, at restaurants, or at program initiative offices. Three interviews were conducted over the telephone. Each interview began with informed consent (see Appendix C) which included consent to audio-record the interview, to use audio clips in presentations or reports resulting from the study, and to provide the Prevention Committee with a copy of the interview transcript. One interviewee did not consent to the last two items.

Analyzing the prevention client interviews

The audiotapes from the prevention client interviews were transcribed by professional transcriptionists with confidentiality of the data built into the contract. Once returned to the researcher, the transcripts were loaded into the computer program Atlas-ti (version 4.2). This qualitative research software was used to manage the data and help with the analysis process. Researcher’s field notes from the interviews were also used to guide analysis.

The transcripts were read a number of times by the researchers who looked for themes in the participant and associate interviews. This process is called thematic analysis. Similarities in ideas and concepts from the interviews are grouped together, both on a descriptive level and then on an analytical level, to create themes.

In accordance with the grounded theory approach, analysis of the data was concurrent with data collection (Strauss & Corbin, 1990). In this case, analysis began after the completion of the first two participant interviews. Two researchers coded the initial interviews independently; they then compared their coding to develop a shared understanding of themes and concepts. A few common themes were identified in the initial interviews, and researchers looked for both recurring and new themes in subsequent interviews. For this reason, the line of questioning used in interviews changed as data collection and analysis progressed.

Confidentiality of research participants

To protect the confidentiality comments, all references to specific locations and other identifying information have been removed from quotations. Summaries of three participants’ experiences were written for this report to

illuminate the three major impacts of the prevention programs. Pseudonyms are used in place of real names and the names of anyone referred to in the interviews.

Trustworthiness

Whereas reliability and validity are the measures by which quantitative research is evaluated, trustworthiness is the corresponding measure for qualitative research. Trustworthiness is the degree to which the findings match the interviewees' reality. There are three areas of concern in trustworthiness: credibility, confirmability, and transferability (Guba, 1981).

Credibility

Credibility refers to the integrity of the research findings and process, and the accuracy of the results. Credibility was ensured in this study in the following ways:

- Researchers paraphrased responses and asked questions during interviews to ensure they understood the meaning of the interviewees' words.
- Researchers discussed findings with a number of interviewees to confirm their accuracy.
- Two researchers coded several of the same interviews independent of each other, and then compared the result. That their findings were similar attests to the credibility of the theme analysis.
- The 2002 and 2003 Prevention Committees commented on the results during the data collection and initial analysis process. Members of the committees read the first interview transcript, and discussed themes identified by the researchers in the data. The Advisory Task Group for the Prevention Story Research¹¹ formed to provide feedback on the final analysis and drafts of the technical report for the last phase of the project after the Prevention Committee was disbanded December 31, 2003. Each group included prevention consultants, addictions counsellors and area office supervisors from Urban Services and District and Youth Services; each also included consultants from Resource Development and Communications and Marketing.
- AADAC research colleagues acted as peer debriefers, providing fresh perspectives on findings and analysis methods (Erlandson, Harris, Skipper, & Allen, 1993), during the analysis phase.

¹¹ See Appendix F for the task group members and terms of reference.

Confirmability

Qualitative research should be verifiable or confirmable by others. The key strategy for achieving confirmability is an audit trail: a written record of how decisions about the research are made (Koch, 1994). The audit trail for this study included transcripts and field notes from interviews, analysis memos, theme lists, e-mails between researchers, researcher reflection notes, and notes from Prevention Committee meetings and researcher debriefing meetings.

Transferability

Transferability refers to the applicability of the findings to other settings. This study used rich descriptions of the data and the context of the research to assist readers in determining the relevance of these findings to their own situations (Guba & Lincoln, 1983).

Researcher Backgrounds

The research team included six people. The lead researcher has educational graduate degree training in prevention programming and evaluation as well as experience working with prevention practitioners across AADAC's system. The second researcher has graduate training in adult and higher education and years of experience in community development and community education. The third researcher played a consultative role specifically for her expertise in the qualitative approach to the research, and worked in detail with the team on the discussion and recommendations. Her experience as a social worker and adult educator were also assets to the research. The final three members joined the research team to help with specific needs. One researcher reviewed the written document and worked in detail with the team on the discussion and recommendations. Another researcher collected all the relevant literature, while a final researcher who had many years of experience as a prevention consultant helped with ideas on how to transfer the research knowledge into prevention practice.

Limitations

This project had three limitations. First, because participants were contacted through program staff, the findings in this study may be biased towards participants who still had contact with the program. Participants who are no longer in contact with program leaders may have had different responses. The sampling method may explain the lack of "negative cases," or participants whose experiences would not support these findings (Patton, 2002).

Second, for three program initiatives, actual program participants could not be found so associates were interviewed instead. Their perspectives may have varied from those of program participants.

Third, the sample of prevention initiatives in this study were primarily interactive programs based in local communities. Some prevention activities, such as AADAC media campaigns and AADAC's websites, were not included in the sample.

IV. The positive differences prevention made

AADAC prevention is making a difference. Research participants reported significant positive differences the initiatives had made in their lives, for their families and in their communities. They commonly spoke of changes they had made in three areas: positive personal relationships; personal awareness and skills; and healthy choices about substance use and gambling.

These findings are consistent with literature on resiliency that has informed the development of AADAC programs and policies in the past. Further confirmation of the findings is found in the literature on prevention research, particularly in the area of building family relationships, and in making healthy choices about substance use and gambling during transition periods.

Positive personal relationships

A major impact of the prevention initiatives was the positive personal relationships that resulted. These connections with other people were central to participants' positive prevention experiences. Every participant spoke of either forming new relationships, improving old ones (particularly with family), or ending unhealthy ones as a result of their participation in the prevention initiative.

The following story of Zara exemplifies how prevention programs can foster supportive relationships with the program leader, and improve family relationships.

Zara is a young adult who was recently diagnosed with fetal alcohol syndrome (FAS). Throughout her life she and her family have struggled with the symptoms of this disorder without knowing the reasons or origin of her difficulties. Things in Zara's world would go fine for a while, but when something went wrong, such as getting a flat tire or having a fight with her boyfriend, Zara's reaction was extreme. She "completely crash[ed] and [had] to hit rock bottom before [she] started climbing back up." When she was feeling better again, "something else [would] happen and the rug [would get] pulled out from underneath [her] and it [was] just a vicious cycle."

Zara never seemed to learn the skills to cope with everyday problems. This was hard on her family, as they could not understand her emotional difficulties and absences from home. Zara's behaviour became a problem at school and in the home, and over the years strained relationships within her family. Some members of her extended family passed severe judgment and had almost given up on her. Her parents turned to various government services but Zara "did not fit the patterns, [she] wasn't typical [of FAS-affected people] and it just seemed that nowhere could [the family] access any information that really worked for [them] or made the situation any better."

Finally, a relative, in speaking with a mental health official about Zara's case, was introduced to FAS as a possible cause. Zara was diagnosed and became involved in the prevention program. Even a short exposure to the program has improved her quality of life and given her family hope. Relationships have begun to improve within the family.

Zara and her family particularly appreciate the relationship they have developed with the program leader. Suddenly the family had "someone on our side," someone who could provide support and advocate on their behalf. Zara remembers meeting the program leader for the first time: "When we went to see [the program leader] it was like she had been part of our family our entire life. She sat down and explained it all in ten minutes. We were just like, 'Beg your pardon?' because, you'd go and tell a psychiatrist or you'd talk to the doctor...they just brushed you off. You had to fight to make people listen to believe you."

Building positive relationships

For many participants, involvement in the prevention programs offered them a chance to meet new people and forge new relationships with program leaders and other participants.

Building relationships—with leaders

A number of the participants stated that one of the most important relationships they developed during the program was with program leaders. Participants found that having someone who supported them through difficulties and celebrated their successes made a difference in their lives. Some participants suggested that having that leader for a friend and mentor was the most significant part of the program. For some, this connection meant the difference between becoming involved with drugs and alcohol and finding positive ways to use time and talents. In some instances this relationship became very strong. A former participant described his desire, and that of his friends from the program, to give back to the leader who gave them so much:

He put so much into it, and seeing his motivation made us extremely motivated and extremely loyal to that man. I mean he could pick up the phone right now and say, "We need you here two days from now. Be here." And we would drop our jobs and be there. And we did it last year. Dropped our jobs, came out for the day. You know all we got was a T-shirt. We both lost hundreds of dollars in pay. Didn't care. [The leader] called. When? Where? Let's go. And he'll have that until he's done [working at AADAC].

Teachers and administrators were often involved as leaders because many of the program initiatives were either based in schools, or had some school involvement. Students developed a positive regard for their teachers by

becoming more familiar with them. One parent talked about how her children “saw the teachers in a different light” after the program. An improved relationship with teachers affected the scholastic achievement of students in a number of cases. One participant recounted his change in behaviour and improved marks after getting involved in the prevention program:

I never got in fights in high school after that. I did better in school because I knew the teachers on a personal level then because we all went to this training together.

A former participant who became a program leader provided an example of the positive impact on families as they developed relationships with the school staff:

I see [some parents] as being much more comfortable with the school. With the principal and the teachers I could see a few parents the first few nights that were uncomfortable in the school setting, maybe felt intimidated by teachers in general, you know, might have been from, you know, their background history...And if there hadn't been a program like this for them I couldn't actually see them approaching the principal and asking for any assistance. And they did need some support during the seven weeks and they did approach the principal, and to me, that is just wonderful.

Other leaders included parents, community members at large, and professionals from various community agencies, including AADAC. There were also peer leaders, whom youth saw as people who could understand their issues. A participant talked about the importance of seeing a peer leader elsewhere in the community and being recognized by her. Having more connections made that participant feel that she wasn't just another face in the crowd.

Building relationships—with other participants

For some participants, the relationships they built with other program participants were an important part of their experience. Participants told us about the friendships they developed during the prevention programs. One prevention initiative even offered a program for graduates to continue developing the relationships they had formed, and to build connections to others who had been involved in earlier programs.

For some child participants, building relationships with older children was an important outcome of the program. One mother discussed her children's connections with older children that she thought would be beneficial on the playground:

I think it's a lot nicer too because now the younger kids know some of the older ones [through the program]. There are a couple of grade 5 kids in there so now my son in Grade 2 knows them. So I think that helps him. You've got a problem, go see her, ask her for help.

In another instance, distinct groups of youth, or cliques, within a school were able to learn more about each other through interaction in the program. This led to a better understanding of one another and much improved relations. One participant described her experience:

I think it helped, because in our grade we had two or three groups and it was worse with the girls. Outside of school before we could not get along at all, and in that program we could get along. After that a lot of us get along with some of the people we didn't before, just going through, understanding where they're coming from and them understanding where you're coming from and you don't have as many differences anymore. You realize that, "Well hey, that's what I'm doing, I just explain it differently than she does, so probably she's not as bad as I think she is," and that kind of thing.

Some relationships formed in the programs became strong and lasting bonds. Peer leaders were most likely to report long-time friendships as an outcome of participation in the program. This makes sense given the amount of time they spent with their colleagues and the training they received in interpersonal and communication skills. One peer leader talked about the group he and his friends formed:

I think that we all pulled together, the ones that were all the peer facilitators. We were all closer, because we all went through the training together.

Improving family relationships

Participants told us about the impacts that the prevention initiatives had on their families. Two of the prevention initiatives involved families directly: F&ST and FAS.¹⁴ A third program, the Tobacco Reduction Initiative, was not a family program *per se*, but the nature of the activities lent themselves to family involvement. It was evident from participants' comments, however, that all program initiatives included in this research, whether their focus was on the individual or the family, had an impact on families.

Improving family relationships—spending time together

Many participants said they began to spend time together as a result of the prevention program. One mother learned the importance of spending one-on-one time with a troubled child in her family. She found that investing 15 minutes a day reaped the rewards of improved behaviour on the part of her son. This improvement carried over to school as well, and there were far fewer behavioural notes sent home by his teacher. Another parent found ways to spend informal time with her children during the course of the day. For example, she would bring out her bills or paperwork and sit with them while they did their homework.

¹⁴ F&ST involved the whole family, or at least part of it, in a weekly program. The FAS project provided support for individuals and their families, and family members had the opportunity to become involved in training sessions, support groups or advocacy networks.

One parent leader whose family had gone through a program initiative talked about how her child now spent more time with her:

She helped me out with getting all the crafts prepared [for the program I was leading]. Usually she likes to be downstairs watching TV, or on the phone, or out with her girlfriends, or things like that. And now all of a sudden—and I'm not forcing her, I'm just asking her, "Would you like to help me or could you help me?"—and she's saying, "Yeah." Staying home with me and helping me do things so she and I are getting more quality time out of this.

A child said it was "good" now, after the program, because "instead of spending your time at home watching TV, you really get along, you get to be a family."

One youth gave her perspective:

Spending time together [with my family] meant that we started communicating a little more. [It used to be] my mom would be just doing her normal thing, I'd be in my room, or hanging with my friends most of the time, [my brother] would be doing just boring things and my dad would always be at work. But I think that [the program] brought us a little closer together. And—we do more things together now. And we can just express ourselves to each other now, we just don't hide it anymore. So, yeah, I think [the program] brought us a little...closer.

Improving family relationships—communicating

Improved communication among family members was an important outcome of the prevention programs. Some families came to the prevention initiatives in an effort to find solutions to difficulties in their lives, while others came to enhance an already stable situation. Regardless of why they came into the program, almost all families reported that talking to one another about personal and family issues was not easy, but the program made expressing their feelings less difficult.

One parent spoke of the increase in discussions around the table with her teens. As a leader of a program organized through the school, she became more aware of some of the kinds of issues that can arise with teens. This enabled her to draw out her children's opinions and thoughts on some of these issues, which often led to lively dinner table discussions.

Improved communication made home life smoother. One participant attributed the reduction of aggression in the home to the increase in the family's problem-solving and communication skills, noting a particular change in her brother:

I think [he has a] more positive attitude. Sometimes when he's mad at me he'll just back off. He doesn't fight with me that much anymore. We fight still the odd time, but it's normal. It's not physical. When he

used to get really mad at me he would hit me or push me or something, but now he'll tell me stop it, he'll yell at me.

Another interviewee suggested that reconnecting family members is an effective, indirect way to address addictions issues:

Doing different things that brings the families together. All of that is designed to bring cohesiveness, bring that family together. And when you're doing that you're indirectly attacking the addiction issue.

Improving family relationships—hope and healing

Participants also said that the program initiatives gave their families hope and helped to heal family relationships. Some families were under constant stress either from concerns about children and teenagers, or the problems associated with an FAS-affected member. These ever-present worries often left little emotional energy to work on relationships. Some of the initiatives brought relief to these families, taking a weight off their shoulders and bringing them hope.

The program helped one family deal with the immediate difficulties of blending two families together after remarriage. For another, the program brought hope and started the healing process after years of constant family and personal turmoil. As one parent stated:

It was the best thing that ever could happen...we were right at the end of our tether.

One parent talked about the difficulties of living with an FAS-affected child. Because the program provided the means for the son to live on his own, the family can now visit and enjoy each other's company without having to worry about behavioural issues in the home:

We were healing in the family and everything. He was really—it was good—we were going up [to our son's apartment] quite often, watching movies with him, and he was visiting his [siblings] and different things.

Healing happened in the extended family as well. One parent described the hurt caused by her extended family's judgments about an FAS-affected child (now adult). The whole family was perplexed by the behaviour that she exhibited as a child, but when the behaviour continued into adulthood, the extended family showed little support or patience for the person with FAS. Once a diagnosis was made, and the root of the problems became clear, relations began to improve. The parent described the new understanding gained by a relative:

[My relative] came out and she said to me "I think I owe both [of you] an apology." She has been really hard on [us], because a lot of what this FAS syndrome is [causes] people [to] make judgments.

These findings on improving family relationships are consistent with research on other family-oriented prevention programs. Ashery, Robertson, and Kumpfer (1998) suggest that family-oriented programs should facilitate the development of bonds between family members and that parenting skills are an important part of the process. Kosterman, Hawkins, Spoth, Haggerty and Zhu (1997) also suggest that family relationships are enhanced through the parental skill development in communication, supporting their children and being involved in their children's lives. A study on increasing family resiliency as a means of decreasing substance use in high risk youth also found that prevention programs contributed to increased parental and sibling bonding. (Johnson et al., 1998).

Ending unhealthy relationships

Along with building new, healthy relationships, and improving relationships with family members, the prevention programs also resulted in participants ending or distancing themselves from less healthy relationships in their lives. One young woman told about how relationships with some of her old friends deteriorated as a result of her involvement in the program:

Oh, it really did [have an impact] because lots of my relationships with my friends [are] superficial things that happen. Like you just talk about your hair, or about clothes, or about guys and you just talk about things like that, and it's really trivial when you think about yourself as a person. Instead we [those in the program initiative] really focused on our goal[s]...But the other friends, you could see the difference. You could see the thinking pattern...I could just say this person is being superficial and this person, this is unjust because of this and I don't need to be like that.

Another participant told us about some of her friends in the program whose friendships changed because of a shift in their attitudes about substance use:

I think that with a few people [in the program], they'd stood up a little more with their friends [who were not in the program], tried to tell them that what they were doing [by using substances] wasn't exactly right and didn't exactly agree with them and that kind of changed it [their relationships].

Even parents saw differences in their children's friendships. One parent spoke about how the friends her daughter used to "party with" had become merely acquaintances:

She doesn't really keep up with [the old friends] because it just wasn't something she wanted to keep doing, so she moved on from that.

Summary

The prevention initiatives led to improved relationships for participants. They reported forming new healthy relationships with program leaders and other peer participants; improving family relationships through spending more time together, improving communication skills, regaining a sense of hope, and healing strained relationships; and ending or minimizing less healthy relationships.

Personal awareness and skills

A second major impact of the prevention programs was the development of greater personal awareness and skills. Participants talked about how they developed personal awareness and skills in the programs, the ripple effects of their positive development on their families, and how the impacts remained over time.

The following story of one participant is a good example of how participants experienced personal growth through their involvement in a prevention program.

Patricia was experiencing the trials of moving into junior high as she started Grade 7. She felt the need to be serious about marks, and was aware of the availability of drugs and alcohol and increased peer pressure. Patricia was generally a quiet person who kept her thoughts and feelings to herself. She did not get involved in many extracurricular activities because she was concerned about what others might think of her. She was part of a distinct group of friends at school that was sometimes at odds with other groups. At home, she spent a lot of time in her room and did not communicate very much with her family.

Patricia had heard about the True to Myself program during a Grade 6 presentation. It sounded like fun, and she decided to become involved along with a number of her friends. In the program, she participated in activities that helped her learn about herself. As she explored, she began to feel happier and more comfortable with herself, and worried less about what others thought about her. The safe and comfortable environment of the program became a place where she learned to share her thoughts and feelings with others. She began to get to know some of the people from other social groups, and to hear their perspectives. She became more accepting of these people as she realized that they were thinking and feeling similar things, but expressed them in different ways.

Patricia became more open with her family and friends. Her family started to notice a difference in her mood, and her positive disposition contributed to a happier tone within the family. Patricia also overcame her fear of public speaking, and realized she actually enjoyed it.

As she developed her self-confidence, she became involved in student government and sports teams. Her good feelings about herself and lack of concern about peer pressure helped Patricia make healthy decisions about substance use. Patricia was involved in the True to Myself program for two years, and hoped to become a teen coach when she reached Grade 11.

Developing personal awareness and skills

One of the primary personal developments participants spoke about was an increase in self-esteem. One participant said the program “made me feel good inside,” a sentiment shared by many other participants. Another individual said the program brought out the best in him and gave him a way “to be that good person without feeling like you have to hide it.” A parent commented on how the program taught her daughter a lot about moral values, respect and dignity, and how you can “hold your head high and be proud of what you’ve done.” Another participant talked about the feelings of accomplishment she got from making changes in the community:

It just made me feel so good afterwards, like we’ve really done something to contribute to this community. And we really have. That’s a really good feeling inside.

This increase in self-esteem affected participants’ behaviour. They felt confident trying new experiences or asserting themselves in new ways. One woman spoke of gaining courage to try things in the group, which “snowballed” into taking on increasingly responsible roles in the community. Another participant said her newfound self-confidence helped her overcome peer pressure. Another participant expressed similar sentiments about peer pressure, saying the program “taught me just to be myself and not somebody that everybody else wants me to be.”

Parents talked about behaviour changes in their children. A few said their children were very shy prior to involvement in the program. One parent referred to the program as a “security blanket” that helped a child in the family “come out a little bit more,” to the point where he was confident enough to make comments and answer questions in the group. A mother who was involved in a program said her children who had been through the program were more willing to have open discussions about issues at school and to stand up to their peers than their siblings who had not been through the program.

Participants spoke of feeling more confident in giving speeches in school, at work, or in the community. Others recognized their new speaking skills as well, and several participants said they were asked to make presentations. Other participants said they learned to advocate for changes in their lives and their communities. Taking on a public speaking role caused one individual to get the stage bug, “where all of a sudden I wanted to be in plays and stuff like that.” For many, the increase in confidence meant being able to communicate in more positive ways and to express feelings and goals.

As participants accepted themselves, they came to accept others' opinions as well. One participant related her experience of having the Tobacco Reduction Initiative she was part of criticized in the local newspaper:

It got us really mad because they put some bad things [in the newspaper]. But we had to look. We learned out of that, we're still learning, that we have to respect the opinion of other people. We may not think their opinion is right, but we have to listen to what they have to say. Everybody has an opinion.

Ripple effects of positive attitudes and behaviour

The changes in attitude and behaviour of participants rippled out to their parents, children, siblings and extended family in a number of ways. One individual spoke of being in such a "good space" himself that he was able to help his brother deal with his own substance use issues. For another youth, the commitment he learned in the program translated into acceptance of more responsibilities at home. A parent described her child's sense of well-being as good for the whole family, with a particularly strong impact on the younger sibling:

With her being so positive at home, and being the older one, it passes on to him. He learns, be more sure of yourself and then you're a lot happier...So, definitely, I think it's benefited him too, even though he hasn't taken the course.

One peer leader talked about her thoughts on how the positive attitudes that parents develop through the prevention program affect the whole family:

It's all about parent empowerment. And the idea behind that is that if the mom and dad are in good mental health they're able to lead their children better. The more the parents are involved in their children's lives and the community and the school, the better equipped they'll be to lead their children.

One family began to use problem-solving skills after a child learned them in a prevention initiative. The mother explained the difference that the skills made in the family:

[The program] was a good one. I'll say that much. I think it helped all of us...to open our eyes and look at things a lot differently. Which is probably a very good thing. Just about anything, I mean—you do things because you're told to do it that way, and all of a sudden you're having to think it through, why am I doing it and what's going to be my end result? So you're having to think things through before you actually go ahead and do it.

Discussions about the program within the family, and information that came home from the programs often prompted reflection by parents. One parent was glad the information was being made available to youth and hoped that

they would make healthier choices than she had made at that age. Another parent, whose teenager was in a prevention program, felt she had a deeper understanding of what her teen was experiencing after reflecting on her own experiences.

Although most impacts on the families were positive, one mother talked about how her son initially felt her involvement as a leader in a prevention initiative in his school could put the family at risk of being targeted by bullies:

What happened to him was he bought into the [bullying] culture. He bought into this understanding and had a number of discussions with me about the job I was doing with [the prevention initiative] and the effect that it could potentially have on my kids. And he wasn't thinking of just himself, he was actually thinking more of his younger brother who in his mind was at more of a risk because he wasn't physically a big kid...So he felt that if I and the [leader] and this whole [program]...if we stirred up the pot too much we would really be, I would really be putting my own kids at risk.

The son later came to see the program in a positive light because of the positive changes it made in his school and his siblings.

Impacts remain over time

The positive impacts of the prevention programs remained over time. Former participants from up to 15 years ago talked about how they drew on lessons they learned in the programs for solving problems long after the program was over.

There's no other training that I've had that would allow me to do this. Nothing. I can easily say that being involved in [the prevention initiative] and the support given by the person running it significantly has led me to the position that I'm at today. And I can easily trace it back.

Participants provided examples of how they applied the lessons from the programs in other areas of their lives, such as helping friends deal with peer pressure, spreading the message about the effects of alcohol and drugs on unborn babies to pregnant women, or even in their choice of careers. One participant described his commitment to prevention:

Even though I deal with [adults] now, I'll always have a connection to helping teens not go down that path. By showing them—which is the premise of the whole thing—showing them alternative ways to get high. Which is climb a mountain. Go to the bottom of that ocean. Build that wicker basket. Whatever it takes to get your mind away from doing that.

This participant spoke about trying to expand his “web of influence” in his attempt to reach as many people as possible through the prevention work he does in his professional and personal life.

Participants told us about some of the lessons they have retained, such as “you become what you practise most,” or “if you treat other people with respect and if you take the trust that’s given you and you treat it with respect, then they will give you more.” Participants also used language from the programs, another indicator of how they internalized the philosophy and teachings of the programs.

So profound was one participant’s involvement in one of the initiatives he referred to himself as a “child of AADAC.” The kinds of relationships that he was able to build, the skills learned, and the experiences that he had in the program continue to be fundamental to the way that he thinks about and leads his life.

Summary

Participants developed new skills and gained a better sense of their talents, goals, and issues through their involvement in the prevention initiatives. They reported that their self-esteem and self-confidence improved; that their new positive attitudes and behaviours had a ripple effect on their families; and that the impacts of the prevention initiatives remained over time.

Healthy choices about substance use and gambling

A third major impact of the prevention programs was that the programs helped participants learn to make healthier choices about substance use and gambling. This section discusses the kinds of choices some participants were making prior to participating in the programs, and how their choices—and sometimes the choices of their family members—changed as a result of their involvement in the program.

The following story of one participant illustrates how participants learned to make healthy choices as a result of a prevention program.

Michael described himself at 15 as “one of those kids that could have gone either way.” He said there was a lot of drug and alcohol use in his community and a lot of pressure to use substances “to be cool.” Michael’s brother was using and Michael said he “got into it a little bit to keep an eye on him” but that it was a “slippery slope” that led him to start skipping school and using substances himself.

Michael described a turning point in his life that started when he got suspended from school for buying alcohol on a ski trip. As part of his punishment, he attended a seminar put on by a local AADAC staff member, Jim. Michael knew of Jim as “the guy that always came into the school and gave the presentations to the bad kids.” On the suggestion of Jim and Michael’s parents, Michael got involved in a prevention program that was starting in his school. Jim decided to send Michael and some of his friends in the program to be trained as facilitators, where they learned about communication skills, identifying personal

traits, facilitating teen leadership games, dealing with conflict, and interpersonal skills—skills that Michael would draw on many times in the future.

In exchange for the training he received, Michael was to be a peer facilitator in his school. He felt it was amazing that he had been given the opportunity to do the training, and felt a sense of responsibility because “we were now facilitators.” The peer support program he worked on in his high school was successful.

As for his own substance use after getting involved with the AADAC program, Michael reported that he didn’t necessarily stop drinking but that he did rethink his use because “I couldn’t walk back into these parties knowing that I’ve got [an AADAC] card with my name on it that says I’m a member of [the prevention initiative].” After leaving high school, Michael found work in applying his facilitation skills in a variety of peer leadership programs, as well as in workshops for private industry focused on team building.

Michael credited the prevention program, and Jim in particular, for having stopped him from going down a path of substance abuse and, instead, choosing a healthier path: “AADAC, to me, is family. When I think of AADAC, I feel like I owe them so much...I can easily say that being involved in [the program]...led me to the position that I’m in today. If it weren’t for the program,” Michael said, “there’s no way I would have been a counsellor. I couldn’t have cared less. But we took the training and after that, like I said, I always felt, ‘I’m a facilitator.’ You know, it’s on my resume. I’m a facilitator.”

Learning to make healthy choices

Learning to make healthy choices was particularly important for participants like Michael who were in a transitional stage of their lives. This is a time when people are faced with many new situations and personal and social issues.

An associate in one of the initiatives suggested that many teens entering junior high school are “fence-sitters,” meaning they are undecided about where they stand on issues of substance use and gambling. The associate felt she could identify fence-sitters in the program by their “wishy-washy, sort of whichever way the wind is blowing” attitudes. They were impressionable and it was important to steer these fence-sitters toward making healthy decisions by providing them with information on substance use and gambling, and by providing them with examples of other youth making healthy decisions.

This suggestion is supported by Werch, Pappas, Carlson and DiClemente (1998) who discuss types of prevention strategies for each stage of change in the addiction process. For fence-sitters, who may be moving from

contemplation (thinking about using) to preparation to engage in use, Werch et al. suggest a targeted approach. This targeted approach would aim to reduce experimentation and any positive experiences associated with it, as well as increase connections with others who are supportive of non-use.

Participants talked about several factors that affected their decisions about substance use, including the friends, family and community around them. One participant described the culture of his community as a contributing factor to his unhealthy choices about drugs:

If you didn't play hockey, then you better be good at smoking up and everything, because you got to be cool somehow.

Some participants reported that the substance use of family members influenced their own unhealthy choices, such as the participant quoted below:

My brother had gone down the tubes as far as school and I saw him in rooms full of guys smoking up and coke floating around and everything else and this was all new to me and I was trying to get him out of it but then I got into it.

Some participants who were already engaging in risky behaviour were not entirely comfortable with it. One participant spoke of the significance of finding alternative paths through involvement in the program:

Give them your reason to not go that way [to make unhealthy choices]. That's what we were saying. Give me a reason. Please give me a chance to take that chance, that I'm not gonna look cool all the time, but that it's OK. Give me a reason to do that. That's what was screaming out at that time.

Another participant made similar comments about how the prevention program helped him resist using substances, despite their prevalence, by guiding him in another direction:

[The time spent in the prevention initiative] were profound moments in my life because I could have very easily—too easily—just been another guy getting high. It [drugs] was everywhere. I didn't even have to go out and buy it or look for it, it was right there...So yeah, [the prevention program was] important and more so than that, I can't stress, do not give up [on doing prevention].

Almost all the participants said the prevention programs increased their knowledge about substance use, which helped them make better choices. A child spoke about his newfound perception of drugs, saying drugs were "gross" and "never to do them." A mother praised the program because her daughter stopped partying as much:

[The program] really opened her eyes and made her think twice about doing it.

A teen participant became informed about the influence of friends on substance use and gambling:

Now I know what kind of friends to choose and what not to choose...And it's really turned me away from all the bad stuff.

One parent was happy that her child was discussing issues of substance use and peer pressure with knowledgeable and trusted people, even though the youth may not discuss them with her. Knowing that a critical information gap was filled gave the family a sense of security.

Gaining a sense of responsibility

In addition to the information provided in the prevention programs, several participants talked about gaining a sense of responsibility through the programs, which gave them a reason not to use substances. In order to be able to continue to enjoy the feelings and benefits they were gaining through the program, participants felt a need to invest in the program's continuation and to protect its reputation. They developed a sense of ownership of the program, which inspired participants to question, reduce or stop their substance use. One youth told us:

So there was a sense of responsibility right off the bat. Not that we stopped drinking or anything, but it was definitely a sense of we have to rethink this. It gave a direction right away. Boom, I can't do that, I should do this. And I wanted to make it work. It wasn't a big burden. I wanted to make it work because I really liked what I got out of being part of what [the leaders] had formed.

This same youth described his sense of responsibility for the program and people within it. He was not willing to engage in risky behaviour for fear of damaging the credibility of the group. Because of his responsible behaviour in the school-based prevention program, the school allowed his band to practise in the school's gymnasium. He described how this led to a reduction in substance use and abuse:

I played drums in a band...and [the band members] were all smoking dope and they were jamming and stuff. And I never thought of that connection, yet when I got involved [in the prevention initiative], the school gave me basically a key to the school and said you can jam on the stage in the gymnasium whenever you want. So none of those guys drank or smoked or did anything at the school and that was where we always played. Otherwise we'd do it [jam] in somebody's basement and something could happen, right. So they would let us jam whenever we wanted to. Just close the door when you're done. It was a responsibility that was great.

Ripple effects of healthy choices on families

Not only did participants of the programs learn to make healthier choices, but often their family members did, too. In some cases, family members even sought treatment because of the prevention program. One participant who became a leader in subsequent programs talked about an example where the father of a participant was inspired to question his own substance use choices as a result of his child's involvement in the program:

He told me that it helped him. And he came right out and told me that. This is the father who was addicted and told me so. I'm addicted to drugs and I'm addicted to alcohol and I gamble all the time. And he phoned me one time from the casino, [and said] "I don't want to do this."

In another case where a participant's brother was abusing drugs and alcohol, the sibling benefited from the information and positive example provided by his sister who was in a prevention program. The mother described the situation:

I think she has an effect on her brother as well. I think, because over the last couple of years he has been having some difficulties and some problems with drugs and stuff. I think her effect on him would be, "That's nuts! Look what I did, look what happened to me. Don't even bother, that's not worth it." That kind of feedback from her, I think, is having an effect on him as well, because he's getting better at that kind of thing now too. He's not doing it as much as he was.

Summary

The prevention programs clearly improved the ability of participants to make healthy choices with regard to substance use and gambling, particularly for those individuals who were in transition periods in their lives or who were "fence-sitters." The programs provided participants with valuable information to use in their decision-making, and often provided them with a sense of responsibility, which motivated them to not use substances. This impact often had a ripple effect on other family members' decision-making as well.

V. How the difference was made

The second question in this study was how the prevention initiatives made a difference in the lives of participants and their families. Participants spoke about positive leadership, meaningful activities, and community involvement as the “active ingredients” that facilitated the development of positive personal relationships, personal awareness and skills, and healthy choices about substance use and gambling.

The findings are supported by the literature on what works in prevention, as well as by the resiliency literature on which AADAC’s prevention programs are based.

Through positive leaders

Many participants spoke about the key role program leaders played in their prevention experience. Program leaders sometimes were part of the reason participants first became involved in a program. In one instance, a youth joined a program because of the friendship between his parents and the program leader. Some parents sent their children or became involved themselves because of the good reputation that the program leaders had in the community.

One participant described what he thought made a good program leader:

They can really relate and they can get the people inspired, they can resolve the conflicts faster, and they can get to the real crux of the matter. And become a bit of a friend. Those are the ones that they [AADAC] want; foster those people into the positions [of leadership].

Comments from participants showed that good leaders

1. motivated participants
2. communicated openly and honestly
3. provided support
4. acted as role models
5. created environments of trust and respect

Good leaders motivated participants

Participants spoke highly of leaders who were enthusiastic, since their enthusiasm inspired participants in the program. One participant stated that his leader was “very charismatic, very motivational,” which influenced his desire to be involved in the program. One parent described the leaders as “real go-getters and happy,” saying these qualities had an infectious effect on her teen in the program. One participant said of the two leaders in her program, the more passionate and committed leader generated more excitement in the participants.

Good leaders communicated openly and honestly

Open and honest communication was essential in setting up an environment conducive to learning. One parent related her daughter's description of the communication style of the program leaders:

[My daughter] says you could ask them anything and they'd answer you honestly and right away. There was no beating around the bush. There were no long words that you don't know what they mean. It was, "That's what it's called, that's what we say, and that's how it's discussed, and that's it."

Another participant also noted the importance of the leader's communication style:

And the main thing that kept us there was [the leader]. Because he talked to us one-on-one, like a normal person...He never preached to us.

Some program leaders and peer leaders talked openly about their past personal experience with substance use and abuse, which served as springboards for discussion. One participant said that she learned a great deal from the experiences of the peer leaders in the program:

We had some really good [leaders] that were always there and they knew what we were talking about because they had just gone through that stuff or were going through that stuff, and they weren't scared to tell their stories. It wasn't like they were better than us, it wasn't. It was like they were one of us.

Good leaders provided support

Providing support was another important behaviour that made leaders effective, according to participants. Support came in many forms, such as providing direction and encouragement for a family to make changes in their community, supporting participants and their families through traumatic events, or even just providing a shoulder to lean on and an ear to listen. Participants said good leaders took a genuine interest in the lives of participants.

In some programs, leaders supported participants in just being able to attend the program by finding means of transportation for them, or locating childcare. In other instances, leaders were advocates for participants, helping them get the services they required. As one participant stated, "We didn't even know where to begin, so she guides us."

Leader support played a major role in participants' personal development. Praise and encouragement from the leaders helped to raise self-esteem. One woman spoke of the importance of a leader's support of the parents in one group:

[The leader] just really encouraged the parents...[She told] them they're doing a good job and let them know that their efforts are going to make a difference...The comments really made a big difference for me and I think [the leader] is just wonderful.

An FAS-affected participant talked about the power of having her feelings and thoughts validated and supported by the leader:

Basically the program makes you feel like we didn't fight for nothing cause there's at least one other person out there that thinks that you haven't lost your mind.

At times, providing support meant that leaders merged personal and professional time. A parent provided insight into the willingness of a leader to assist when crises arose:

Very dedicated people, very—and it doesn't matter—I've phoned [the leader] late in the evening over some crisis. I try not to phone her in the evenings or on weekends, but sometimes—and she never has refused to talk to me.

Good leaders acted as role models

Participants also spoke about the value of program leaders as role models, particularly when leaders went beyond the official time boundaries of the programs. These leaders cared about the clients whenever they saw them in the small communities (regardless of whether it was during AADAC work hours). Seeing clients regularly in the community also gave clients the opportunity to notice leaders' positive relationships with their families. One participant said he based his own family relationship on his leader's example.

A peer leader talked about the responsibility of acting as a role model, saying it was important for peer leaders to refrain from smoking in front of participants or discussing current substance use. In one youth-oriented initiative, two peer leaders quit smoking as a result of their involvement in the program and their desire to be appropriate role models.

Good leaders created environments of trust and respect

Finally, participants said effective leaders were able to create environments of trust and respect. Communication and interpersonal skills were taught and put into practice in many of the program initiatives, and required participants to take personal risks. When leaders created a safe program environment, participants felt that they could try new things and relate their inner thoughts and feelings without the threat of humiliation. A parent discussed her daughter's comments on this issue:

She had mentioned that [the leaders are] just very straightforward. Like she says, nobody ever laughed when you asked a question, they never told you it was a stupid question, or made you feel like it was a stupid question.

Another participant spoke of the trust that was developed in a program for teenage girls. Although participants were from different social groups, they felt comfortable sharing personal experiences because they knew what they said would “stay within the group.”

These findings on the qualities of good program leaders are similar to others found in the literature. Chinman, Imm and Wandersman (2004), in their review of what works in prevention programs, also identified effective and knowledgeable “delivery agents” as a critical element of the program. Jones, Kline, Habkirk and Sales (1990) found that “effective communication, teacher affect, and interpersonal skills” (p. 187) of the teachers or leaders were important in effective prevention programs. Although Jones et al. surveyed prevention experts rather than participants, they suggest that the main roles for leaders in prevention programs are to provide support, to model appropriate behaviour, and to make referrals. Botvin, Botvin and Ruchlin (1998) and Wandersman and Florin (2003) found that role modelling by peer leaders was an effective element in prevention programs. Peer leaders who were perceived as credible and influential had the potential to both reduce drug use by participants in the prevention programs and to change school-based norms such that drug use was discouraged.

Summary

Participants stated that the qualities and behaviours of program leaders were important. They suggested that good leaders motivated participants, communicated openly and honestly, provided support, acted as role models, and created environments of trust and respect. Participants’ relationships with program leaders were an important part of their involvement and success in the program.

Through meaningful activities

The second element of effective programs was meaningful activities. Activities were meaningful if participants could relate them to their own lives. Participants spoke positively about activities that

1. improved family interaction
2. created connections amongst participants
3. helped participants identify support networks
4. nurtured the participant-leader connection
5. encouraged self-exploration and goal-setting
6. provided new experiences
7. provided recognition of achievement and growth
8. provided opportunities for continued involvement

Meaningful activities improved family interaction

Some participants talked about the value of activities that promote family interaction. One such activity in the Families and Schools Together program was a 15-minute one-on-one between a parent and child called Special Play. The child led the activity, not the parent, which was a learning experience for the parent as well as the child.

In another family interaction activity, participants designed flags to represent their family. One youth expressed pride in the flag she and her family made:

There's wings because I just like to feel this family soars a lot.
That's one star because I think that everyone in this family is a star.

A few participants said some family interaction activities were not meaningful initially, but that they developed appreciation of them as the program went on. For example, one family found an activity where they created pictures from scribbles "namby-pamby" at first, but later saw that it helped them communicate better and feel more connected with each other.

One program initiative promoted family interaction through sharing meals together. A participant who became a leader explained:

So you sang this song and then you sit down to your meal and of course, often families don't have the time to sit down together and have a meal, so doing it once a week, it reminds you to do it at home on a more regular basis. But it gives you—it forces you to do that. Then it teaches you how valuable it is because of the conversation that's happening.

Involving other family members in programs for youth or children—such as having a parent evening to keep parents informed of what their children are learning in the program—helped to build relationships and understanding within the family. One teen participant explained:

[There were] just a couple of sessions where your moms could go. I think it helped my mom understand me more, because she kind of forgets what it was like when she was that age. I think it kind of helps her understand more of what I'm going through now so she doesn't yell at me as much 'cause she understands more of where it's coming from.

Chinman, Imm and Wandersman (2004), in their research on effective prevention elements, suggested that parental involvement was a key principle of successful programs.

Meaningful activities created connections amongst participants

Some of the prevention initiatives had time set aside in each session for airing participants' concerns, feelings, and ideas. Discussions with others who had similar experiences was helpful for all age groups as it allowed participants to learn about one another and start to build new relationships. One participant spoke about the value of fostering connections between participants:

Parent Time is all the parents sitting down and chatting. And what you're doing is you lend support, you're getting to know other people. Building community, right, and that's so important. And it's empowering too, there's always power in numbers. So you get to know each other on a different level, and then later on in the hallways of the school, when you're in for a parent-teacher meeting, you know somebody...So the community is really built up by that.

Other activities that promoted relationships between participants were games and crafts for children, and working on large projects, such as talent shows or retreats. One teen said her favourite thing about the program "would probably be some of the retreats because of the teamwork."

Meaningful activities helped participants identify support networks

Several programs helped participants build relationships with supportive people in their lives. Identifying mentors was an activity used in many initiatives. A youth described the activity in her program:

I liked this one...you [drew around] your hand and from your hand you put in each finger and the palm if you wanted to. [In each finger you wrote] who do you figure you could trust immensely, to talk to about whether it was drugs or alcohol or just a question and whatever.

Another participant spoke of an activity that required her to name three people who had helped her make "positive decisions."

Activities that assist participants in identifying and connecting with mentors, and the effectiveness of mentorship relationships is supported in the literature (see AADAC, 2002c). Jimerson and Murphey (1998) also examined mentorship in a Big Brothers/Big Sisters program and found significant reduction in substance use by those youth involved in the mentorship program as compared to those in a control group.

Meaningful activities nurtured the participant-leader connection

There were also activities that fostered relationships between the leaders and participants and their families. One of these was home-visits. This was a way for leaders to make initial connections with participants, assess their needs, and provide information.

Eating together was another way leaders promoted the development of relationships, as one associate explained:

One of the best ways I know of, like in our community, and especially in our culture is, if you're going to be involved in someone's life, as a [leader] or as a friend, do it over food. So—we end up having a lot of food...People come there, sitting there eating and talking, it seems it makes it a little bit more intimate.

This person felt that food could break down the barriers of authority often ascribed to the leader-participant relationship; leaders “are not always intimidating over a bowl of soup.”

One program holds two family barbecues at the beginning of the year to initiate connections with and between participants’ families. This was particularly important in a setting where there were some reservations about the organization offering the program. One associate described how the act of bringing in food built relationships and broke down the walls of misunderstanding:

So, all of a sudden now, the buzz is the person from AADAC’s not that bad, right?... “No, AADAC isn’t all white shirts and people down in their AADAC office, all clean and everything. This guy’s coming out and talking to us and he seems like he’s not a bad guy, he’s brought us a little food.” It’s kind of the way it works, right?

Meaningful activities encouraged self-exploration and goal setting

Many of the programs had self-reflection and exploration activities that helped the participants build on their existing skills and self-knowledge. Trust exercises pushed their levels of comfort, and group exercises helped them explore the ways they relate to others.

All these activities were designed to strengthen a sense of self and help participants deal with important issues in their lives. This was particularly true in the youth programs. One participant described the kinds of activities in a resiliency initiative:

We did activities that had a moral to them, like we did with a game trying to roll a ball along a line to show how hard it is to stay on the path that you choose for yourself. We did trust games and we had a thing the one year [that] was based on our north star. Your north star was who you wanted to end up to be and stuff like that, and then we did a bunch of programs on how to help you get there, what kind of things will help you.

The programs gave participants opportunities to identify goals and work towards achieving them. A peer leader talked about the importance of focusing on goals:

If you focus on [your goals] and then you do little steps, then that’s something instead of just forgetting about them and assuming it’s going to happen.

One of the program initiatives was gender-specific and emphasized self-exploration. Because the dynamics that usually go with co-educational courses were not present, the girls had a chance to talk about things that were important and specific to them without the influence of boys. A peer leader talked about how she would steer participants away from talking about boys and encourage them to focus on setting goals and recognizing their talents.

Meaningful activities provided new experiences

Some programs provided participants with an opportunity to try new activities or take on new roles. A leader described teen fairs put on by one program as an effective means of stimulating growth and development in youth because it offered them a smorgasbord of new experiences. Many of the presenters were from the community so local connections could be made. In another program, an activity where children served a meal to their parents gave children the opportunity to experience what it was like for their parents to do this daily chore.

Leadership development was another way that participants learned new skills and tried new roles. One program leader described the concept of leadership development:

The whole leadership thing was we could bring peer support teams together and focus on this business of developing skills at leading groups, being able to develop—to identify our own leadership skills and build on them. We incorporated all this experiential learning stuff to give them scenarios to test themselves and see where their strengths lay and how they could build on those.

Some programs had leadership components built into them. For instance, Project Participation gave youth opportunities to build skills and use them in peer support roles or by facilitating other programs. True to Myself incorporated senior high “teen coaches” as assistants in leading this junior high program. Expecting Respect recruited and trained peer educators from each junior and senior high school that offered the program. Families and Schools Together (F&ST) identified potential leaders from each program to be “parent partners” for subsequent sessions.

Meaningful activities provided recognition of achievement and growth

It was important to participants that the work and effort they put into programs was recognized. In a number of the programs, graduation was a means of celebrating the journeys and growth of the participants. Participants would often receive certificates, T-shirts with participants’ signatures, or memory books as parting gifts. Many participants had kept these mementos as well as notes and letters that people had written in thanks and encouragement to them during the program. Having something tangible to remind them of their experience in the program was important to them, as one participant explained:

I kept [the T-shirts] because at the end of our facilitation stuff...people would write all over the shirt and give you something like, “You’re really great, it was nice to meet you and, you know, can’t wait to see you again,” kind of thing. And—you know—and that was really important to me. I literally hung on to those things for over 15 years because that stuff really meant something to me.

Meaningful activities provided opportunities for continued involvement

Almost all past participants—or what we have termed “prevention alumni”—told us about their desire for continued involvement in the prevention initiative, either to help others benefit from it as they did or for their own continued well-being. The “next steps” offered by some initiatives were met with enthusiasm on the part of participants. One alumnus said:

We wanted to keep it going ‘cause we thought it helped us so we wanted other people to have that opportunity to be involved with that too. We had fun doing it and it helped us out.

Another participant talked about his sadness at the initiative’s end:

What we had—like that’s a pretty big high. To just come from all that and then to just nothing. And I remember being very depressed ‘cause that’s when I felt it was really ending.

There were several examples of how alumni stayed involved after the program. Some became advocates for programs, like one alumnus parent of the FASD Project who gave presentations in the community about FASD and the importance of the prevention initiative. Others volunteered with the organization that offered their program. Girls in True to Myself could become teen coaches when they reached Grade 11. Alumni from Project Participation used their facilitation skills to help with teen fairs and the leadership development components of the program. Some of the F&ST parent partners went on to lead the F&STWORKS sessions, which are for families who wish to continue their involvement after the initial program. Other F&ST participants were involved in national and international conferences on behalf of the program, and still others found volunteer and paid positions with other parts of the agency that supports the F&ST program.

Some participants spoke of taking the skills and knowledge they gained in the program and applying them in other organizations in the community. This is the ripple effect or the community capacity building that occurs through leadership development, according to Chaskin, Brown, Venkatesh and Vidal (2001). Cress, Astin, Zimmerman-Oster and Burkhardt (2001) found that leadership development opportunities for college students increased both their skills and their commitment to provide leadership opportunities for others.

Regardless of the type of activity, the more the participants could relate it to their own lives, the more meaningful and useful it was for them. Maton (1990) supports these findings in a study of older teens and at-risk youth. He found that engaging in meaningful activities was significantly related to teen satisfaction with their lives, their self-esteem and their general well-being. He also found that participation in activities was just as important in building resiliency as social support. Wehlage (1989) suggests that meaningful activities and roles include those that involve learning to make decisions and solve problems, develop goals and plans, and help others. Benard (1992) identified similar findings.

Summary

Certain activities in the prevention initiatives were meaningful for participants and assisted them in making changes in their lives. They include those that improved family relationships, created connections amongst participants, helped participants identify support networks, nurtured the participant-leader connection, encouraged self-exploration and goal setting, provided new experiences, provided recognition of achievement and growth, and provided opportunities for continued involvement.

Through community support

Another element of an effective program was community support. Some participants and associates spoke of their programs being initiated and directed by interagency organizations. The involvement of youth and adult community members, agencies such as the regional health authorities, educational organizations, and business and industry provided a broader base of support for the programs according to participants and associates. A parent and program leader described the situation that brought about her particular program initiative:

[The prevention initiative] was this collection of community groups, community agencies that got together, realizing that, we're all doing a portion of this, kind of separately. If we could get together as a collective and create something really solid that would actually work. Because what they were doing was kind of piecemeal and it wasn't very effective.

Several interviewees felt that ongoing commitment from the community was crucial in the success of the program.

The finding that community support is important to the success of a prevention program is consistent with Huebert and Raftis's (1994) review of the literature on prevention program models. They found that the community planning model had the most support in the literature partly because it had the advantage of building interagency networks. These coalitions strengthened prevention initiatives because of their broad-based community ownership and support for the programs. Wandersman and Florin (2003) suggest that coalitions are able to bring about changes in the community that could not happen through the efforts of an independent organization. They also suggest that coalitions are powerful because of the ability to act together; they reduce the problem of duplicated services.

Summary

Participants and associates reported that community support, in the form of involvement of a broad spectrum of community members, organizations and businesses, was an important factor in the maintenance and stability of the program initiatives.

VI. Final summary

The findings from this research are particularly important because, to date, there has been very little research conducted on the effectiveness of prevention. Prevention best practices have largely been compilations of the opinion of prevention practitioners and planners.

This study contributes tangible evidence about the effectiveness of prevention. It moves AADAC beyond speculation, faith and knowledge gathered from practical experience to concrete evidence. At the same time, it verifies much of what was assumed to be true about prevention.

The summary of findings is organized by the main research questions. The original two research questions that provided the impetus for the research proposal and the focus for the research process are definitively answered in this study. These are

- What differences, if any, have AADAC prevention initiatives made for individuals and families?
- How did AADAC prevention initiatives contribute to these differences for individuals and families?

Prevention is making a positive difference

Prevention is making a difference for participants by enhancing protective factors, such as healthy relationships and increased self-esteem, which increase an individual's resiliency. This resiliency helps individuals to make healthier choices about substance use and gambling and thus avoid the harms associated with gambling addictions and substance abuse.

Prevention at AADAC, when done in the ways described in this study, is effective and leads to identifiable and positive outcomes. Three powerful outcomes were identified in this study.

1. Prevention leads to improved relationships. People who participate in AADAC's prevention programs form healthy relationships, improve family relationships, and end or minimize less healthy relationships.
2. Prevention leads to greater personal awareness and skills that persist over time and ripple out to other situations and people.
3. Prevention leads to reduced substance use and gambling. People, especially "fence-sitters" (those undecided on whether to use or not), who participate in AADAC's prevention programs, make healthier choices about substance use and gambling as do their family members. For some, prevention tips the balance to the healthier side of the fence.

How prevention makes a difference

The findings demonstrate that effective prevention depends on specific methods. Over the course of the study, these came to be called “active ingredients,” the elements common to prevention programs that made a difference for individuals and families.

Prevention’s active ingredients

Positive leaders who motivate participants, communicate openly and honestly, provide support, act as role models, and create environments of trust and respect

Community support from a broad spectrum of community members, organizations and businesses to coordinate and provide a broad base of support for prevention efforts

Meaningful activities that participants can relate to and that work to improve relationships and encourage self-development

To be meaningful, activities should improve family relationships, create connections amongst participants, help participants identify support networks, nurture the participant-leader connection, encourage self-exploration and goal-setting, provide new experiences, provide recognition of achievement and growth, and provide opportunities for continued involvement.

VII. Discussion

This study demonstrates that prevention outcomes are identifiable. Because little is known about the effectiveness of prevention, this exploratory study was useful. Using a qualitative approach, participants were able to clearly articulate identifiable behavioural changes when asked. These identified behavioural changes can be measured through other means in the future. This is a significant contribution to the prevention field that has been struggling with the notion of measuring the effectiveness of prevention for some time.

Prevention is working and we now know more about how it works. These findings are especially exciting because they reinforce AADAC's values, vision and strategies as outlined in the *AADAC core businesses: Information, prevention, treatment* document (AADAC, 2002d). They also validate current thinking about prevention best practices (Roberts et al., 2001) upon which AADAC's Core Business Model relative to prevention is based. In particular, the findings validate that prevention programs should be strength-based, should use interactive group processes, and should give attention to teacher or leader qualities and training.

The findings support AADAC's focus on protective factors in its prevention work. For example, increased social skills and self-esteem, improved family relationships, and developing friendships with non-users were outcomes of the prevention programs in this study and are known protective factors that "contribute to positive development and help prevent negative behaviours and outcomes such as substance use" (George, Dyer, & Levin, 2003, p. 19).

A significant finding in this study was that relationships are key to prevention effectiveness: relationships bring people into the program, keep them in, and are improved in the process. People learn *through* relationships and take that learning into other relationships. This demonstrates the power of personal relationships, both as an important outcome of the prevention initiative and as an active ingredient of its success.

One finding that, though not contradictory, is not stated directly in the best practices is the value of relationships between program participants. For younger participants, involvement in the program often resulted in relationships with other participants, which allowed them to discontinue previous relationships with people who may have been pressuring them to use alcohol or other drugs. For adult participants, connections with co-participants sometimes resulted in a valuable support network and a sense of community. Thus, programs should be designed and leaders should work to facilitate connections between participants. Opportunities for alumni involvement may be a part of this design.

Relationships are key to prevention effectiveness: relationships bring people into the program, keep them in, and are improved in the process.

A passion for people is paramount in prevention.

These findings also highlight the importance of the prevention *programmer*, rather than prevention *programming*. Program leaders were role models for participants and were essential in fostering healthy relationships and personal awareness in participants. Clearly, a passion for people is paramount in prevention.

Prevention in AADAC has evolved over the half-century of the organization's existence. Staff continue to work diligently to serve Albertans and more effectively prevent addictions. This study identified outcomes of prevention work, and shed light on what makes prevention effective. These findings will be valuable as future prevention strategies are planned and implemented by AADAC managers and staff.

VIII Reference list

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IX APPENDICES

APPENDIX A: Strategies that work: AADAC's best practices in prevention

Canada's Drug Strategy Division of Health Canada released a summary of best practices in the area of prevention called *Prevention of Substance Use Problems Among Young People: A Compendium of Best Practices*. It offers evidence-based direction for effective programming for a broad range of prevention activities. Along with the work that Health Canada completed, AADAC has its own history and experiences to draw from. With permission from Health Canada we adapted these two sources, and present the following checklist to use as a guide in planning prevention programming at AADAC.

Good addiction prevention programs

Are community-based

- Encourage communities to take ownership, control, and responsibility for reducing risk factors that lead to alcohol, other drug, and gambling problems, and enhancing protective factors
- Involve the whole community
- Adopt multilevel approaches and strategies

Are evidence-based

- Use a variety of research methods (literature reviews, evaluations, market research, prevalence studies, and focus group testing with the intended target audience) to guide the planning and development of program components

Are strength-based

- Recognize the strengths and skills of people
- Build projects that are positively focused
- Build on community assets
- Work to enhance protective factors
- Encourage mentoring and the role that key influencers play in the development of resiliency in both adults and youth

Address protective and risk factors and promote resiliency

- Identify the risk factors that our program addresses (individual, family, school, and/or community)
- Emphasize promotion of protective factors (or resiliency)

- Work with other agencies to address shared protective or risk factors
- Consider the impact of the broad determinants of health in the community (e.g., income and education levels, social supports, early childhood experiences)

Seek comprehensiveness

- Involve other sectors in programs (e.g., parents/families, schools, agencies)
- Work with all relevant agencies and stakeholders, including reaching out to new groups
- Support staff in working with other agencies
- Advocate for a comprehensive approach and comprehensive policies from local school boards, health boards, addiction agencies and others
- Link with government regulations and their enforcement to provide adequate support for the project
- Attend to all ages in the community
- Ensure a good mix of programming at various levels of risk in the community

Are clear about the target group

- Clearly identify the target group
- When selecting at-risk populations for programming, ensure a reasonable basis for selection
- When selecting at-risk populations, avoid labelling and stigmatization
- When targeting an indicated population, have effective ways to identify and recruit participants
- When working with high-risk populations, seek to address their multiple needs

Ensure program duration and intensity

- Design the length and intensity of a program to be appropriate for the target group and sufficient for intended outcomes

Base program on accurate information

- Assess local needs, issues, and concerns with respect to substance use and problem gambling
- Identify specific substances or substance use patterns and gambling behaviours that need to be addressed through the program
- Gather information about the extent of occasional, regular, and heavy use, age and gender differences among participants or the group we wish to engage
- Use more than one source of information on usage/gambling patterns

Set clear and realistic goals

- Have an overall plan or strategy for achieving program goals
- Ensure program goals are appropriate for the age and use patterns of the people we wish to engage
- Link goals and objectives logically and ensure that they are measurable and time-limited
- Link program activities logically to objectives
- Identify program expectations and outcomes

Monitor and evaluate the program

- Devote a set percentage of the budget to evaluation
- Determine ways to evaluate the program
- Build in a reporting format for program results and assess whether programs are successful in meeting our goals of preventing alcohol, other drug, and gambling problems
- Monitor the process (activities, number of participants, timelines, community support, etc.)
- Seek participant and stakeholder feedback and revise the program based on that feedback
- Report program costs (direct and indirect) to our agency, participants, and partners
- Determine whether or not an activity should be continued, and/or what changes need to be made to improve success
- Add to the body of research that AADAC is able to contribute to the field of addictions prevention and provide good information on which to base future programs
- Be accountable to the public, clients, funders, and broader government

Address sustainability from the beginning

- Develop prevention programs that are comprehensive, multi-layered, and have input from the community
- If sponsored, integrate the program into the sponsoring organization in terms of its policies, staffing, core budget, training, and other forms of support
- Monitor reliance on short-term funding
- Plan strategies for longer-term funding such as fundraising, foundation grants, and registration fees from participants

- Involve the appropriate stakeholders and partners and build a long-term commitment to the program
- Determine level of contribution to sensitizing the public to substance use/gambling issues in the community
- Educate communities about the value of investing resources, energy, and time in prevention efforts to build community capacity to address addictions issues

Account for the implications of the stages of psychosocial development

- Consider the possible psychosocial developmental life stage of a target population and the issues that members could be facing
- Understand the vulnerability associated with various life stages
- Take general psychosocial needs into account
- Support the development of a healthy self-identity with achievable tasks and realistic goals

Recognize people's perceptions of substance use

- Acknowledge both the perceived benefits of using substances or gambling and the perceived benefits of not using or gambling in a balanced, unbiased manner
- Provide tools for individuals and communities to weigh the costs and benefits themselves and make appropriate decisions
- Address perceptions about alcohol, other drugs, and gambling
- Understand why people might use substances
- Attend to immediate social consequences versus long-term health risks and consequences

Involve targets in program design and implementation

- Clearly identify the target group
- Give adequate effort to maintaining the trust and respect of our participants
- Involve participants in designing, implementing, and evaluating the program
- If possible, provide client participants with appropriate support, such as payment or some other form of compensation for their involvement, transportation, accessible hours, and back-up support
- Ensure that client members are representative of the population we want to serve
- Plan for turnover and have successors in place

Develop credible messages

- Involve target populations in the development of messages
- Match messages to overall goals for the program
- Avoid scare tactics and misleading information
- Avoid simplistic messages such as “just say no” or “play sports”
- Take into account social norms and issues relating to specific subcultures
- Determine the unspoken implied messages (e.g., participants are worthy of respect)
- Connect messages to issues or attributes that are important to participants

Combine knowledge and skill development

- Present practical information about alcohol, other drugs, and gambling in a factual and balanced way
- Teach general life skills
- Allow participants to role-play or rehearse strategies to avoid or manage higher risk situations
- Address influences of drug use and gambling, including societal and media influences
- Address participant self-confidence, where to find help, overcoming barriers to getting help, and providing help to others
- Address other concerns of participants

Use interactive group process

- Use activity-based learning strategies rather than didactic methods
- Help participants to reflect on what they are learning (e.g., journal writing, small group discussions, conversation with close friends) and to set goals for changes in their lives
- Use peers in program delivery in a meaningful way

Give attention to teacher or leader qualities and training

- Choose or train leaders who will be considered credible by the participants
- Select or train program leaders/teachers who are comfortable with a facilitative role within an interactive approach
- Select or train program leaders who convey empathy and encourage participant involvement
- Provide training and support for leaders/teachers
- Give participants a chance to evaluate program leaders

Reproduced and adapted with permission from *Preventing Substance Use Problems Among Young People: A Compendium of Best Practices*, pages 27-44, 2001. Health Canada, Minister of Public Works and Government Services Canada, 2002. <http://www.hc-sc.gc.ca/hecs-sesc/cds/publications/substanceyoungpeople/toc.htm>

This material is excerpted and adapted from Alberta Alcohol and Drug Abuse Commission (AADAC). (2002d). *AADAC core businesses: Information, prevention, treatment*. Edmonton, AB: AADAC.

APPENDIX B: Prevention client interview questions

1. Tell me about the prevention project that you were involved in.
Probes: What was the name of the project?
What was the aim of the project?
Who was running the project?
2. How did you become aware of the project?
Probe: How did you hear about it?
3. How did you become involved in this project?
Probe: What or who brought you to the project at this time?
4. When were you involved in the project?
5. Tell me about your involvement in this project.
Probe: What did you do?
6. What differences, if any, both positive and/or negative did this involvement have for you personally and for your family?
Probes: In what ways did the prevention project affect you and your family?
What kinds of things in the prevention program most influenced this change/difference? What did the leaders do or say? What did other people in the program do or say?
7. What differences, if any, both positive and negative did this involvement have for your relationship with your friends?
8. Tell me about the impact that the prevention initiative had on the health of your family, if any.
Probe: What kinds of things do you do now that is different from before in terms of your family's emotional or physical health?
9. How, if at all, did the prevention initiative delay onset of the first use of alcohol, other drugs, tobacco and/or gambling in your family?
Probe: What kind of things in the prevention initiative focused on delaying the first onset?
10. In what ways do you think the prevention initiative helped to prevent the development of an alcohol, other drug, tobacco and/or gambling problem for any family member?
Probe: What kinds of things happened or were done in the prevention initiative that focused on preventing the development of a problem?

11. In what ways do you think the prevention initiative has helped to reduce the harm associated with an alcohol, other drug, tobacco and/or gambling problem for any family member?

Probe: What kinds of things happened or were done in the prevention initiative that focused on preventing the development of a problem

12. Do you know of anyone else that might be able to give us more of the story of this initiative, either positive or negative experiences? If so, could we tell them that you had provided their name, or would you introduce us to them?

APPENDIX C: Interview consent form

Name of Research Project:

Prevention Stories: What Difference Are We Making?

Names of Researcher:

Z'Anne Harvey-Jansen and Margo Schmitt-Boshnick
Research Services Division

Alberta Alcohol and Drug Abuse Commission
6th Floor, 10909 Jasper Avenue, Edmonton, Alberta
Phone: 780-422-2216

This is to certify that I agree to participate in the above study. Having been contacted by the researchers, I understand that

1. The purpose of this study is to gain an understanding of AADAC's prevention initiatives.
2. My name will not be disclosed at any time during this study or used in the resulting report(s) and presentation(s).
3. Any information I provide to the researchers will be kept confidential and used solely for the purposes of the research study.
4. The researchers will be working with a committee of prevention workers, and the transcripts from the interview may be shown to them. All these individuals are governed by AADAC confidentiality requirements and the Freedom of Information and Protection of Privacy Act requirements.
5. Although I will never be identified in the study, my words may be used as sound bites in web-based report presentations. By checking the following space, I agree to this use of my voice and words ____.
6. Although I will never be identified in the study, my words may be used, as quoted, in the report.
7. I am participating in this study on a purely voluntary basis. Therefore, I have the right to quit or refuse to participate at any time.
8. The results of the study will be made available to me if I so request.
9. I have been fully informed as to the nature of the study and my involvement in it.
10. The report of this study will be available for examination from the Alberta Alcohol and Drug Abuse Commission.

Name of Participant (please print) _____

Signature of Participant _____

Date _____

Name of Parent/ Guardian (please print) _____

Signature of Parent/Guardian _____

Date _____

Research Purpose and Question

In keeping with this fiscal year's Prevention Committee priority target group of families, and in keeping with the committee's wish to move forward our knowledge of what effective prevention in AADAC looks like, the purpose of The Prevention Story research study is to explore the questions:

What differences, if any, have AADAC prevention initiatives made for individuals and their families?

How did the prevention initiative contribute to these differences?

The hope is that the stories of these families will help us to better understand our prevention work. This knowledge can inform and invigorate our future prevention initiatives.



Alberta Alcohol and Drug Abuse Commission
An Agency of the Government of Alberta

For more information, contact your local AADAC office,
call 1-866-33AADAC or visit our website at www.aadac.com